

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037431

FILED
Jan 18, 2008
Secretary of State

Entity Name: SUNRISE TO MIDNIGHT CHILD CARE, INC.

Current Principal Place of Business:

9730 SW 183 ST
PALMETO BAY, FL 33159

New Principal Place of Business:

20200 SW 88 CT
MIAMI, FL 33189

Current Mailing Address:

9730 SW 183 ST
PALMETO BAY, FL 33159

New Mailing Address:

20200 SW 88 CT
MIAMI, FL 33189

FEI Number: 90-0151710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACA, MOISES
8660 SW 212TH ST
SUITE 309
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SACA, MOISES
Address: 8660 SW 212TH ST SUITE 309
City-St-Zip: MIAMI, FL 33189

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SACA, MOISES
Address: 20200 SW 88 CT
City-St-Zip: MIAMI, FL 33189

Title: D () Change (X) Addition
Name: SACA, MOISES
Address: 20200 SW 88 CT
City-St-Zip: MIAMI, FL 33189

Title: D () Change (X) Addition
Name: SACA, MOISES
Address: 20200 SW 88 CT
City-St-Zip: MIAMI, FL 33189

Title: D () Change (X) Addition
Name: SACA, MOISES
Address: 20200 SW 88 CT
City-St-Zip: MIAMI, FL 33189

Title: D () Change (X) Addition
Name: SACA, MOISES
Address: 20200 SW 88 CT
City-St-Zip: MIAMI, FL 33189

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOISES SACA

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date