2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2005 8:00 am Secretary of State **DOCUMENT # P04000104063** 05-03-2005 90063 022 ***150.00 STARS LEARNING DAY CARE CENTER, INC Principal Place of Business Mailing Address 2140 VERDUN DR. 2140 VERDUN DR. MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E034 (10/03) City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired .Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALONSO, ISAIAS **7801 ABBOTT AVENUE** Street Address (P.O. Box Number is Not Acceptable) 408 MIAMI BEACH, FL 33141 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change Addition ALONSO, ISAIAS NAME NAME STREET ADDRESS 7801 ABBOTT AVENUE # 418 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP VP TITLE Delete TITLE Change Addition ALONSO, ILEANA NAME STREET ADDRESS 7801 ABBOTT AVENUE # 418 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-7P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental riport is troe and accurate and that my 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 trusted empowabut to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED