

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-24-2006 90466 027 ***150.00
P05000092611

FILED

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1st MOORE CR2E034 (10/05)

DOCUMENT # P05000092611 1. Entity Name DON-H DAYCARE & LEARNING CENTER INC.					
Principal Place of Business 20817-20819 NW 2 AVENUE MIAMI FL 33169			Mailing Address 7200 NW 177 STREET APT 107 HIALEAH FL 33015		
2. Principal Place of Business <i>Business is not operating</i> Suite, Apt. #, etc.		3. Mailing Address <i>7658 NW 183 Terr.</i> Suite, Apt. #, etc.			
City & State Zip		City & State <i>Hialeah, FL</i> Zip <i>33015</i>		4. FEI Number TEN 20-3092927	
Country		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, YAMILA 13140 NW 6 TERRACE MIAMI FL 33182				7. Name and Address of New Registered Agent Name <i>Nelson Yamilia</i> Street Address (P.O. Box Number is Not Acceptable) <i>1867 NW 97th Ave Suite 102</i> City <i>Miami</i> State <i>FL</i> Zip Code <i>33172</i>	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERNANDEZ, DORIS <input type="checkbox"/> Delete 7200 NW 177 STREET APT 107 HIALEAH FL 33015		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Hernandez Doris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7658 NW 183 Terrace Hialeah, FL 33015	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 trustee empowered 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.					
SIGNATURE: <i>Doris Hernandez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>2/24/06</i> Daytime Phone # <i>305-551-7963</i>		