2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000092611

1. Entity Name
DON-H DAYCARE & LEARNING CENTER INC.

Principal Place of Business	Mailing Address
7658 NW 183 TERR	7658 NW 183 TERR
HIALEAH, FL 33015	HIALEAH, FL 33015

DO NOT WRITE IN THIS SPACE

03212008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3092927	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, JAMILA
1867 NW 97 AVE
SUITE 102
MIAMI, FL 33172

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000900532 04/29/08-80035-021 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	HERNANDEZ, DORIS	
STREET ADDRESS	7658 NW 183 TERR	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
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CITY-ST-ZIP		

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   4/12/08   305-474-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR -   Date   Daytime Phone #