

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112978

FILED
Apr 04, 2009
Secretary of State

Entity Name: SUNRISE TO MIDNIGHT CHILD CARE #2 CORP.

Current Principal Place of Business:

20200 SW 88TH CT
MIAMI, FL 33189

New Principal Place of Business:

20200 SW 88TH CT
CUTLER BAY, FL 33189

Current Mailing Address:

20200 SW 88TH CT
MIAMI, FL 33189

New Mailing Address:

20200 SW 88TH CT
CUTLER BAY, FL 33189

FEI Number: 20-3244177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACA, MOISES
20200 SW 88TH CT
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

SACA, MOISES
20200 SW 88TH CT
CUTLER BAY, FL 33189 US

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:

04/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SACA, MOISES A
Address: 20200 SW 88TH CT
City-St-Zip: MIAMI, FL 33189

Title: STD () Delete
Name: SACA, LIDIA I
Address: 20200 SW 88TH CT
City-St-Zip: MIAMI, FL 33189

Title: PD (X) Delete
Name: SACA, MISES A
Address: 20200 SW 88 CT
City-St-Zip: MIAMI, FL 33189

Title: PD (X) Delete
Name: SACA, MOISES A
Address: 20200 SW 88 CT
City-St-Zip: MIAMI, FL 33189

Title: PD (X) Delete
Name: SACA, MOISES A
Address: 20200 SW 88 CT
City-St-Zip: MIAMI, FL 33189

Title: PD (X) Delete
Name: SACA, MOISES A
Address: 20200 88 CT
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SACA, MOISES A
Address: 20200 SW 88TH CT
City-St-Zip: CUTLER BAY, FL 33189

Title: S (X) Change () Addition
Name: SACA, LIDIA I
Address: 20200 SW 88TH CT
City-St-Zip: CUTLER BAY, FL 33189

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

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

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

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

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

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date