

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000167806						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 MAY -7 PM 3:34 	
1. Entity Name AFTER HOURS CHILD CARE, CORP.							
Principal Place of Business 3721 SW 32ND COURT HOLLYWOOD, FL 33023		Mailing Address 3721 SW 32ND COURT HOLLYWOOD, FL 33023		41			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04022008 Chg-P CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <u>20-4359842</u>		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALEXANDER, SHEREE A 3721 SW 32ND COURT HOLLYWOOD, FL 33023				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL 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 filing as follows and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) 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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	ALEXANDER, SHEREE A			NAME			
STREET ADDRESS	3721 SW 32ND COURT			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33023			CITY-ST-ZIP			
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	ALEXANDER, SHEREE A			NAME			
STREET ADDRESS	3721 SW 32 COURT			STREET ADDRESS			
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CITY-ST-ZIP	HOLLYWOOD, FL 33023			CITY-ST-ZIP			
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: <u>SHEREE ALEXANDER</u>				Date: <u>4-12-08</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date/Time/Phone #			