


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90056 013 ***150.00

DOCUMENT # P06000082695					
1. Entity Name HENDERSON FAMILY DAY CARE HOME CORPORATION					
Principal Place of Business 6216 SW 132ND PLACE MIAMI, FL (3183) 33183			Mailing Address 6216 SW 132ND PLACE MIAMI, FL (3183) 33183		
2. Principal Place of Business - No P.O. Box # 6216 SW 132ND PLACE			3. Mailing Address 6216 SW 132ND PLACE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 56-2597483	
Zip 33183		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, ROSA 6216 SW 132ND PLACE MIAMI, FL (3183) 33183			7. Name and Address of New Registered Agent		
			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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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	D HENDERSON, ROSA 6216 SW 132ND PLACE MIAMI, FL (3183) 33183 <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	A GONZALEZ, RAUL 6216 SW 132ND PLACE MIAMI, FL (3183) 33183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Rosa Henderson</u>			04/16/08 305 387 6556		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

786 942 5398