

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000125010

1. Entity Name

JSD CHILD CARE & LEARNING CENTER-MIAMI, INC.



Principal Place of Business

15751 SHERIDAN STREET #155  
FT LAUDERDALE, FL 33331

Mailing Address

15751 SHERIDAN STREET #155  
FT LAUDERDALE, FL 33331

**DO NOT WRITE IN THIS SPACE**



09022008 No Chg-P CR2E034 (11/05)

4. FEI Number

45-0543885

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS-DUPREE, ANGELA  
15751 SHERIDAN STREET #155  
FT LAUDERDALE, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DR  
THOMAS-DUPREE, ANGELA  
15751 SHERIDAN STREET #155  
FT LAUDERDALE, FL 33331

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000359384  
09/10/08-80002-010 150.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Angela Thomas-Dupree* Angela Thomas-Dupree 9/8/08 954-662-2260  
385