
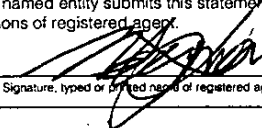
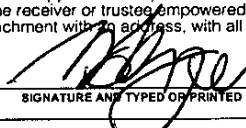


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90178 019 ***150.00

DOCUMENT # P07000016784 1. Entity Name PRINCESS & PRINCE DAY CARE, INC.					
Principal Place of Business 4340 N W 168TH TERR MIAMI BARDENS, FL 33055			Mailing Address 4340 N W 168TH TERR MIAMI BARDENS, FL 33055		
2. Principal Place of Business - No P.O. Box # 4340 N.W. 168th Terr.		3. Mailing Address 4340 N.W. 168th Terr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami Gardens, FL		City & State Miami Gardens		4. FEI Number 	
Zip 33055		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33055		Country US			
6. Name and Address of Current Registered Agent ADEOYE, ADEYINKA 4340 N W 168TH TERR MIAMI BARDENS, FL 33055			7. Name and Address of New Registered Agent Name: Adeoye, Adeyinka Street Address (P.O. Box Number is Not Acceptable) 4340 N.W. 168th Terr. City Miami Gardens FL Zip Code FL		
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: 			DATE: 4-9-08		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	P ADEOYE, ADEYINKA 4340 N W 168TH TERR MIAMI BARDENS, FL 33055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Adeoye, Adeyinka 4340 N.W. 168th Terr Miami Gardens, FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			DATE: 4-9-08		
Signature and typed or printed name of signing officer or director			Daytime Phone #		