2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # P07000073263** 04-30-2008 90175 023 ***150.00 CHERI'S DAYCARE, INC. Principal Place of Business Mailing Address 60033004 20413 NW 19TH AVE 20413 NW 19TH AVE MIAMI GARDENS, FL 33056 MIAMI GARDENS, FL 33056 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYNES, CHERITH Street Address (P.O. Box Number is Not Acceptable) 4622 SW 185TH AVE MIRAMAR, FL 33029 City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TIDE HAYNES, CHERITH NAME 4622 SW 185TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIRAMAR, FL 33029 CITY-ST-709 VΡ ☐ Change mr Addition TITLE □ Delete NAME ROBINSON, LISAITH NAME STREET ADDRESS STREET ADDRESS 20510 NW 22ND AVE MIAMI GARDENS, FL 33056 CITY-ST-ZIP CITY-ST-ZIP Delete AD MLE ☐ Change ☐ Addition TITLE ROBINSON, LISAITH NAME NAME STREET ADORESS STREET ADDRESS 20510 NW 22ND AVE MIAMI GARDENS, FL 33056 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME GRAY, JENETHA NAME STREET ADDRESS 20440 NW 22ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI GARDENS, FL 33056 TITLE ☐ Delete TITLE ☐ Change ■ Addition ROBERTSON, REGINA NAME NAME STREET ADDRESS 20440 NW 22ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI GARDENS, FL 33056 CITY - ST - ZIF ☐ Change Addition TITLE ☐ Delete MIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 allyother like empowered.

FILED