## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000053096

Entity Name: YESHUA TWILIGHT DAY CARE CENTER, CORP.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4100 CORPORATE SQ 12555 NW 1ST AVENUE SUITE 105 MIAMI, FL 33168 NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

4100 CORPORATE SQ 12555 NW 1ST AVENUE SUITE 105 MIAMI, FL 33168 NAPLES, FL 34104

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANTOINE, JEANNETTE 12555 NW 1ST AVENUE MIAMI, FL 33168 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P/D
 (X) Change ( ) Addition

 Name:
 ANTOINE, JEANNETTE
 Name:
 ANTOINE, JEANNETTE

 Address:
 12555 NW 1ST AVENUE
 Address:
 12555 NW 1ST AVENUE

 CitysSt-Zip:
 MIAMI\_EL 33168
 CitysSt-Zip:
 MIAMI\_EL 33168

City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33168

Title: Title: SD () Delete (X) Change ( ) Addition SAINTSURIN, SHONTERELLE Name: Name: LISNA, CHAPIESKY 18510 NW 28TH PLACE Address: 12555 NW 1ST AVENUE Address: OPA LOCKA, FL 33054 MIAMI, FL 33168 City-St-Zip: City-St-Zip:

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 SAINT SURIN, JIMMY
 Name:
 SAINT SURIN, JIMMY

 Address:
 12555 NW 1ST AVENUE
 Address:
 6151 MIRAMAR PARKWAY

 City-St-Zip:
 MIAMI, FL 33168
 City-St-Zip:
 MIRAMAR, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNETTE ANTOINE P/D 04/15/2009