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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075222

HEAD START DEVELOPMENT CORP.

FILED
Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90001 020 ***150.00

Principal Place	of Business	Mailing Address	المالية المستشيدة		المناسب المنطقة والمناسب المالا			
9509 HARDING	AVE	9509 HARDING AVE						
SURFSIDE FL 33154 SURFSIDE FL 33154					DO NOT WRITE IN THIS SPACE			
					***	IN THIS SPACE		
					3. Date Incorporated or Qualifed			
					11/01/1993			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		olied For	
21		26			65-0445593		Applicable	Š,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ \$8.75 ∧		**
22	<u> </u>	27				Fee Rec	·	
City & State		City & State			6. Election Campaign Financing	ໆ \$5.00 ເ		,
23	全国人的	28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Cor	intry	8. This corporation owes the current		_ 1	
24	25	29	30		Personal Property Tax.		□No	
	.9, Name and Address of Currer	nt Registered Agent	,		10. Name and Address of New Reg	istered Agent		
				81 Name	•			
	TILLO B, ALVARO ESQ	I		82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	MACHTENBERG & CASTILLO	•				rolling of the state of the	وكدوي هراره	
	SUNSET DR SUITE 201			83			1 (1 (1) (1) (1) (1) (1) (1) (1)	
MIAI	MI FL 33143			84 City		85 Zin C		
		257				FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	itutes, the a	bove-named cor	poration submits this statement for the pur	pose of changing its	registered	
"office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change wa	s authorized	i ny ine comorai	ion's board of directors. I hereby accept the	ie appointment as reg	Jistereu	
	m familiar with, and doop, the obliga	Audito di, Godinani del reservi					,	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered	Agent signature requir	ed when reinstating)	DATE		á
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (N ND DIRECTORS	OTE: Registered	Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC		RS IN 12	(80/
							RS IN 12	(44/08)
12.	OFFICERS AN	ID DIRECTORS	13.	πε		ERS AND DIRECTO		34.711/08)
12. TITLE NAME	OFFICERS AN	ID DIRECTORS	13. 1.1 TI 1.2 N	πε		ERS AND DIRECTO		E0347/11/08)
12. TITLE NAME STREET ADDRESS	PD PATAKY, ERNESTO 9509 HARDING AVE	ID DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET ADDRESS		ERS AND DIRECTO		D2E034711/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD PATAKY, ERNESTO 9509 HARDING AVE MIAMI FL 33154	ID DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET ADDRESS TTY-ST-ZIP		ERS AND DIRECTO		CD2E0347(11/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD PATAKY, ERNESTO 9509 HARDING AVE MIAMI FL 33154 VD	ID DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	TLE AME IREET ADDRESS TY-ST-ZIP TLE		ERS AND DIRECTO	Addition	CD2E0347(11/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD PATAKY, ERNESTO 9509 HARDING AVE MIAMI FL 33154 VD BALKACHUK, PHILLIP	ID DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	TLE AME IREET ADDRESS TY-ST-ZIP TLE AME		ERS AND DIRECTO	Addition	CD0E0347/11/08)
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trudee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, o) on an attachment with an address, with all other like empowered.

SIGNATURE:

SI

SIGNATURE: