## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P94000019128** 04-30-2004 90269 001 \*\*\*158.75 PROGRESSIVE DAY CARE II CORP. Principal Place of Business Mailing Address 9507 N.W. 27TH AVE. 9507 N.W. 27TH AVE. UUUUIUPU MIAMI, FL 33147 MIAMI, FL 33147 CR2E034 (10/03) 02292004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0474427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FINDLEY, KENTON DO NOT WRITE 1270 N.W. 178TH TERRACE MIAMI, FL 33169 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 egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE FINDLEY, KENTON STREET ADDRESS 1270 N.W. 178TH TERRACE CITY-ST-ZIP MIAMI, FL 33169 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. 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 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 of trusted 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

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP