2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000000976

1. Entity Name
WISE KIDS DAY CARE, INC.

Principal Place of Business	Mailing Address
2360 W. 68 ST. #111 HIALEAH, FL 33016	2360 W. 68 ST. #111 HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE

02282005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0629497	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HINESTROSA, PILAR
2360 W. 68 ST.
#111
HIALEAH, FL 33014

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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.   (NOTE. Registered Agent signature required when reinstating)   7/01/05 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000273256
03/23/05-80021-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	HINESTROSA, PILAR	
STREET ADDRESS	2360 W. 68 ST.	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	VP	
NAME	GECHOF, JORGE R	
STREET ADDRESS	571 CARRINGTON LANE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)   DATE   3058217336   Daytime Phone #