


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000018418  
 1. Entity Name  
 A.B.C. DAY CARE & LEARNING CENTER, INC.



Principal Place of Business: 9091 TAFT ST. PEMBROKE PINES, FL 33024  
 Mailing Address: 9091 TAFT ST. PEMBROKE PINES, FL 33024



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-0698017 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SWANSON, LILY M  
 2110 N.W. 106TH AVE.  
 PEMBROKE PINES, FL 33026

**DO NOT WRITE 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: *Lily M. Swanson* Lily M. Swanson 3-15-05  
(Signature type for principal name or registered agent and file it as usual) (NOTE: Registered Agent signature required when transferring) 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

1J00000319210  
 04/20/05-90090-008 158.75

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PEREZ, MARIA
STREET ADDRESS	8221 N W 11 CT
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	PD
NAME	SWANSON, LILY
STREET ADDRESS	2110 NW 106 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Maria Perez* MARIA PEREZ, VP 3/15/05 954-704-8409  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #