FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P960000 79545 OK

1. Corporation Name

Day Services Two.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90008 015 ***150.00

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| Principal Place of Business Mailing Address | | | | |
| 7929 NO 53ªD ST | | | | |
| Wiami, 62 33166 | | DO NOT WOLL | IN THIS SPACE | |
| WITAMI, FC SSIEE | | 3. Date Incorporated or Qualifed | IN THIS SPACE | |
| · | | 3. Date incorporated or Qualified | | |
| 2. Principal Place of Business / 2a. Mailing Address | | 4. FEI Number | | Applied For |
| 21 7929 NW 53 St 26 7929 NW | 5395 5+ | 65-0696313 | ├ | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | \$8.75 | Additional |
| 27 | | 5. Certifcate of Status Desired | Fee | Required |
| City & State City & State | 1 | 6. Election Campaign Financing | \$5.0 | O May Be |
| 23 MINMI OUBIDA 28 WINDI | ORIDA | Trust Fund Contribution | Adde | d to Fees |
| Zip Country Zip | Country | 8. This corporation owes the currer | | 77.1. |
| 24 33/65 25 2/. 5. A 29 33/66 3 9. Name and Address of Current Registered Agent | 10 U.S.H | Personal Property Tax. 10. Name and Address of New Re | Yes Acent | □No |
| | 81 Name | IU. Name and Address of New Re | gistered Agent | |
| SONIA Y. RODRIEUEZ | The state of the s | | | |
| 9591 FONTAINEBLEAU BLYD. #3 | Street Add | ress (P.O. Box Number is Not Acceptab | le) | - ' ' |
| 1871 PONTAINE GUERO OLTU, A O | 83 | | | |
| 20150 | | | | |
| Miami FC 38172 | 84 City | | Fi 85 Zi | p Code |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes | the above-named cort | poration submits this statement for the pr | urpose of changing | its registered |
| office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid | horized by the corporati | ion's board of directors. I hereby accept | the appointment as | registered |
| i — ageni, i am iamiliai wiin. Ang accept me poligaugns di, akciluti bu7.uaga, riodo | ia Siaiules. | | | I . |
| | | | | |
| SIGNATURE | egistered Agent signature require | ed when reinstating) | DATE | |
| SIGNATURE | | ed when reinstating) ADDITIONS/CHANGES TO OFFI | | TORS IN 12 |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS TITLE ALDELETE | egistered Agent signature require | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS TITLE DESCRIPTION OFFICERS AND DIRECTORS TITLE | egistered Agent signature require | | CERS AND DIREC | |
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| SIGNATURE Signsture, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS TITLE NAME TOSE H. SIM Z STREET ADDRESS 621 See 104 Ave TOST-SIP MIGMI F. 33174 | agistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | | CERS AND DIREC | e Addition |
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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 on supplier ental 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 of the receiver or trustee 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, or on/an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR