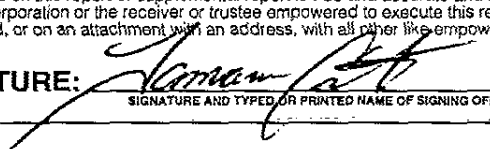


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97066029066			
1. Entity Name WE'RE THUMBODY DAYCARE, INC.			
Principal Place of Business 15803 NW 81 CT HIALEAH, FL 33016-6695 US	Mailing Address 15803 NW 81 CT HIALEAH, FL 33016-6695 US		
DO NOT WRITE IN THIS SPACE			
		03222004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0827372	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
GOLD, STUART M 8180 N.W. 36TH STREET SUITE 100 MIAMI, FL 33166		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
		U000000144131 04/30/04-80119-010 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTRO, TAMARA B 15803 NW 81 CT MIAMI LAKES, FL 330166695		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTRO, LAZARO H 15803 NW 81 CT MIAMI LAKES, FL 330166695		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		4-26-04 305-536-7852	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	