

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061455

Entity Name: UNITED ADULT DAYCARE, INC.

FILED
Jul 27, 2005
Secretary of State

Current Principal Place of Business:

9734 S.W. 24TH ST.
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

9734 S.W. 24TH ST.
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0767464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUJOLS, JOSE R
2701 S.W. LEJEUNE RD., STE. 407
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDEZ, AIDA
Address: 9734 S.W. 24TH ST.
City-St-Zip: MIAMI, FL 33165

Title: TD () Delete
Name: RIGUIERO, AIDA M
Address: 9734 S.W. 24TH ST.
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: MENDEZ, ORLANDO
Address: 9734 S.W. 24TH ST.
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENDEZ, AIDA
Address: 9734 S.W. 24 ST.
City-St-Zip: MIAMI, FL 33165

Title: TD (X) Change () Addition
Name: RIGUIERO, AIDA M
Address: 9734 S.W. 24 ST.
City-St-Zip: MIAMI, FL 33165

Title: SD (X) Change () Addition
Name: MENDEZ, ORLANDO
Address: 9734 S.W. 24 ST.
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIDA M. RIGUEIRO

TD

07/27/2005

Electronic Signature of Signing Officer or Director

Date