

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000072915

1. Entity Name
SASAME STREET CHILD CARE II, INC.



Principal Place of Business

4884 N.W. 7TH STREET
MIAMI, FL US

Mailing Address

4884 N.W. 7TH STREET
MIAMI, FL US



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0910103

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALINAS, MARIA
4884 N.W. 7TH STREET
MIAMI, FL

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SALINAS, MARIA
STREET ADDRESS	4884 N.W. 7TH STREET
CITY - ST - ZIP	MIAMI, FL 33124
TITLE	D
NAME	SALINAS, SARIBEL
STREET ADDRESS	4884 N.W. 7TH STREET
CITY - ST - ZIP	MIAMI, FL 33124
TITLE	D
NAME	SALINAS, SAHIRA
STREET ADDRESS	4884 N.W. 7TH STREET
CITY - ST - ZIP	MIAMI, FL 33124
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000331787
04/26/05-80029-013 150.00

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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)(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)

4/6/05 (305) 476-9233
Date Daytime Phone #