


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90291 029 ***150.00

DOCUMENT # P99000006155 1. Entity Name CHRIST CHILDREN DAYCARE, INC.	
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Principal Place of Business 225 N.W. 14TH TERRACE MIAMI, FL 33136	Mailing Address P.O BOX 016392 MIAMI, FL 33101-6392
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14011372



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0895275	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JAMES, VALARIE 225 N.W. 14TH TERRACE MIAMI, FL 33136

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD JAMES, VALARIE 225 N.W. 14TH TERRACE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JAMES, ERROL 225 N.W. 14TH TERRACE MIAMI, FL 33136
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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)(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

Valarie James Valarie James

4/25/04

Date

305-973-6226

Daytime Phone #