


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1 of 2

DOCUMENT # P99000009758		
1. Entity Name DUHART'S DAY CARE CENTER, INC.		

FILED
04 NOV 17 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5580 NW 7TH AVENUE MIAMI, FL 33127	Mailing Address 5580 NW 7TH AVENUE MIAMI, FL 33127
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT

4. FEI Number 65-0085168		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
TAYLOR, MICHAEL 7590 NW 186 STREET SUITE 207 HIALEAH, FL 33015		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUHART, PERRY 5580 NW 7TH AVENUE MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200042828752 11/17/04--01028--020 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Perry ATTORNEY-IN-FACT 10/28/04 305 751 2694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



7590 NW 186th Street, Suite 207 Miami Lakes, FL 33015

Ph: 305.828.1484 Fax: 305.828.1486

August 4, 2004

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

Re: Duharts Day Care Center, Inc.
Document # P99000009758

The Uniform Business Report for the above referenced company was not received in the mail resulting in the report not being filed in a timely manner. I am hereby requesting that the penalty be waived and am including the amount of \$150.00 (one hundred & fifty dollars) to bring the filing current.

Sincerely,

Michael Taylor, MBA.
Accountant.

E-MAIL: accountingtax2003@yahoo.com