


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000038578</b>	
1. Entity Name <b>CURLY'S KIDS DAY CARE INC.</b>	

Principal Place of Business <b>12730 SW 18TH STREET MIAMI, FL 33175</b>	Mailing Address <b>12730 SW 18TH STREET MIAMI, FL 33175</b>
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04212006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>65-0916159</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CRESPO, MIRIAM 12730 SW 18TH STREET MIAMI, FL 33175</b>	
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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 re-registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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	<b>D CRESPO, MIRIAM 12730 SW 18TH STREET MIAMI, FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CRESPO, ALEJANDRO 12730 SW 18 ST MIAMI, FL 33175</b>
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U00000547506  
05/12/06-80027-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**04-26-06 (205) 551-6902**  
Date Daytime Phone #