


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90048 023 \*\*\*158.75

<b>DOCUMENT # P99000106874</b> 1. Entity Name <b>WONDERLAND DAY CARE CENTER, INC.</b>					
Principal Place of Business <b>55 WEST 29TH STREET SUITE #3 HIALEAH, FL 33012</b>			Mailing Address <b>PO BOX 4180 HIALEAH, FL 33014-0180</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 94-0818</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Miami, FL</b> Zip <b>33194</b>		4. FEI Number <b>65-0448582</b>	
Country		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOPEZ, FRANK 55 WEST 29TH STREET HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name <b>FRANK LOPEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>55 WEST 29 ST #3</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>		
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 <u><i>Frank Lopez</i></u> <b>Frank Lopez President</b> <b>3-17-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LOPEZ, FRANK 55 WEST 29TH STREET HIALEAH, FL 33012</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LOPEZ, VENUS 55 WEST 19TH STREET #3 HIALEAH, FL 33012</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 another like empowered.					
<b>SIGNATURE:</b> <u><i>Frank Lopez</i></u> <b>3-17-04</b> <b>(305) 226-7977</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**94033379**



03172004 Chg-P CR2E034 (10/03)