

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005065

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** A BETTER DAY LEARNING CENTER, INC.

**Current Principal Place of Business:**

9794 N.W. 27TH TERRACE  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 228224  
MIAMI, FL 33228224

**New Mailing Address:**

**FEI Number:** 26-2783207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERIDA-BOUZA, CARY  
9794 N.W. 27TH TERRACE  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

BOUZA-MERIDA, CARY  
9794 N.W. 27TH TERRACE  
DORAL, FL 33172 US

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.

SIGNATURE: CARY BOUZA-MERIDA

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: MERIDA-BOUZA, CARY  
Address: 9794 N.W. 27TH TERRACE  
City-St-Zip: DORAL, FL 33172

Title: VEDS ( ) Delete  
Name: MERIDA, JOSE A  
Address: 9794 N.W. 27TH TERRACE  
City-St-Zip: DORAL, FL 33172

Title: D ( ) Delete  
Name: ROTH, WENDY PH.D  
Address: 9794 NW 27 TERRACE  
City-St-Zip: DORAL, FL 33172

Title: D ( ) Delete  
Name: VALDES, MARCO M.ED  
Address: 12725 NW 4TH AVENUE  
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete  
Name: BUCHANAN, CHRISTOPHER  
Address: 4505 SW 22 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33317

Title: D ( ) Delete  
Name: AGUIRRE, EDUARDO  
Address: 2460 SW 137TH AVENUE - SUITE 253  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDT (X) Change ( ) Addition  
Name: BOUZA-MERIDA, CARY  
Address: 9794 N.W. 27TH TERRACE  
City-St-Zip: DORAL, FL 33172

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY BOUZA-MERIDA

PDT

04/30/2009

Electronic Signature of Signing Officer or Director

Date