

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014060

FILED
Apr 20, 2009
Secretary of State

Entity Name: LAS ARDILLITAS CHILD CARE, INC.

Current Principal Place of Business:

N. LOCKWOOD RIDGE RD.
3710
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

N. LOCKWOOD RIDGE RD.
3710
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 34-1978551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JPL ACCOUNTING & TAX SERVICES
3758 PRADO DR
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

JPL ACCOUNTING & TAX SERVICE
PRADO DR.
3758
SARASOTA, FL 34235 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: PAUL LOPEZ

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VERA DE PEREIRA, ADELINA I
Address: 163 SUNWAY AV.
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: PEREIRA, GERARDO
Address: 163 SUNWAY AV.
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: PEREIRA, GERALDINE C
Address: 163 SUNWAY AV.
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PEREIRA, GERARDO
Address: 5111 58TH TER E
City-St-Zip: BRADENTON, FL 34203

Title: D (X) Change () Addition
Name: VERA, TOMAS
Address: 2043 MCHINTON RD.
City-St-Zip: SARASOTA, FL 34232

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELINA PEREIRA

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date