

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014060

**FILED**  
**Apr 28, 2010**  
**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 SERVICE  
PRADO DR.  
3758  
SARASOTA, FL 34235 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: ADELINA PEREIRA

D

04/28/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date