

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012150

Entity Name: CENTRO MATER CHILD CARE SERVICES, INC.**Current Principal Place of Business:**8298 NW 103 ST.
HIALEAH GARDENS, FL 33016**Current Mailing Address:**4790 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**FEI Number:** 20-8083301**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**J. PATRICK FITZGERALD, ESQUIRE
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CD
Name	LAWSON, RALPH E
Address	6855 RED ROAD #600
City-State-Zip:	CORAL GABLES FL 33143

Title	VCSD
Name	WORLEY, ELIZABETH A
Address	C/O 9401 BISCAYNE BOULEVARD
City-State-Zip:	MIAMI SHORES FL 33138

Title	D
Name	FARREY, BUD MR.
Address	1315 BAY TERRACE
City-State-Zip:	NORTH BAY VILLAGE FL 33141

Title	PCEO
Name	CATANIA, JOSEPH M
Address	C/O 4790 NORTH STATE ROAD 7
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	AS
Name	MARIN, TOMAS
Address	C/O 1400 MILLER ROAD
City-State-Zip:	CORAL GABLES FL 33146

Title	ASST. SECRETARY
Name	FITZGERALD, J PATRICK ESQ.
Address	110 MERRICK WAY SUITE 3B
City-State-Zip:	CORAL GABLES FL 33134

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

SIGNATURE: JOSEPH M. CATANIA**PRESIDENT****03/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date