

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000085510

**Entity Name:** CAROUSEL DAY CARE CENTER, INC.

**Current Principal Place of Business:**

470 NW 22 AVE  
MIAMI, FL 33125

**Current Mailing Address:**

470 NW 22 AVE  
MIAMI, FL 33125 US

**FEI Number:** 65-1038945

**Certificate of Status Desired:** No

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

VALDES, INOCENTA  
3040 SW 15 STREET  
MIAMI, FL 33145 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	VP	Title	S
Name	VALDES, INOCENTA	Name	VALDES-DILME, CARIDAD
Address	3040 SW 15 ST	Address	470 NW 22 AVE
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33125
Title	P		
Name	VALDES-DILME, CARIDAD		
Address	470 NW 22 AVE		
City-State-Zip:	MIAMI FL 33125		

*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:** CARIDAD VALDES-DILME

**PRESIDENT**

**02/18/2021**

Electronic Signature of Signing Officer/Director Detail

Date