

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000089164

**Entity Name:** MERCEDES FUENTES FAMILY DAY CARE, INC.

**Current Principal Place of Business:**

11270 SW 48 ST  
MIAMI, FL 33165-6062

**Current Mailing Address:**

11270 SW 48 ST  
MIAMI, FL 33165-6062 US

**FEI Number:** 90-0157503

**Certificate of Status Desired:** No

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

FUENTES, MERCEDES  
11270 SW 48 ST  
MIAMI, FL 33165-6062 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            PRESIDENT  
Name            FUENTES, MERCEDES  
Address        11270 SW 48 ST  
City-State-Zip: MIAMI FL 33165-6062

*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:** MERCEDES FUENTES

**PRESIDENT**

**05/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date