

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035667

Entity Name: ATHALENE CLAY'S FAMILY HOME DAY & NIGHT CARE, INC.

Current Principal Place of Business:

2412 NW 87 ST
MIAMI, FL 33147

Current Mailing Address:

2412 NW 87 ST
MIAMI, FL 33147 US

FEI Number: 20-0769843

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLAY, ATHALENE FCCS
2412 NW 87 ST
MIAMI, FL 33147 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 P
Name ATHALENE, CLAY
Address 2412 NW 87 ST
City-State-Zip: MIAMI FL 33147

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: ATHALENE CLAY'S FAMILY HOME DAY& NIGHT
CARE INC.

OWNER/DIRECTOR

03/20/2013

Electronic Signature of Signing Officer/Director Detail

Date