

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000043906

Entity Name: COPACABANA ADULT DAYCARE CENTER, CORP.

Current Principal Place of Business:

3800 W 12 AVE SUITE 2
HIALEAH, FL 33012

Current Mailing Address:

3800 W 12 AVE SUITE 2
HIALEAH, FL 33012 US

FEI Number: 27-0229056

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTILLO, FELIX
453 EAST 38 STREET
HIALEAH, FL 33013 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 PD
Name CASTILLO, JOANNY
Address 3800 W. 12 AVE SUITE 2
City-State-Zip: HIALEAH FL 33012

Title VP
Name CASTILLO, FELIX
Address 453 EAST 38 STREET
City-State-Zip: HIALEAH FL 33013

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: JOANNY CASTILLO

P

03/05/2013

Electronic Signature of Signing Officer/Director Detail

Date