

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000033508

**Entity Name:** SUNNY ISLES DAYCARE CORP.

**Current Principal Place of Business:**

17395 NORTH BAY RD  
102  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17395 NORTH BAY RD  
102  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 99-0365087

**Certificate of Status Desired:** Yes

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

RIVAS, WENDY M  
17395 NORTH BAY RD  
102  
SUNNY ISLES BEACH, FL 33160 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            RIVAS, WENDY M  
Address        17395 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VP  
Name            DANNIKOVA, ELENA  
Address        17395 NORTH BAY RD  
                  102  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            D  
Name            RIVAS, WENDY M  
Address        17395 NORTH BAY RD  
                  102  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** WENDY M RIVAS

**PRESIDENT**

**02/23/2015**

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

\_\_\_\_\_  
Date