

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000044923

**Entity Name:** BLUE STAR ADULT DAY CARE CENTER, INC

**Current Principal Place of Business:**

1380 N. KROME AVE.  
SUITE 103 & 104  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

1380 N. KROME AVE.  
SUITE 103 & 104  
FLORIDA CITY, FL 33034 US

**FEI Number:** 81-2740155

**Certificate of Status Desired:** No

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

PARRA-ROJO, ARIANNA  
600 SW 14 STREET  
FLORIDA CITY, FL 33034 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:** ARIANNA PARRA-ROJO

04/04/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PARRA-ROJO, ARIANNA  
Address 600 SW 14 ST.  
City-State-Zip: FLORIDA CITY FL 33034

*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:** ARIANNA PARRA-ROJO

PRESIDENT

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date