

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000049916

**Entity Name:** BIANCA & SHILOH'S DAYCARE CENTER INC.

**Current Principal Place of Business:**

2185 NW 20TH STREET  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

2185 NW 20TH STREET  
FT LAUDERDALE, FL 33311 US

**FEI Number:** 87-0963129

**Certificate of Status Desired:** No

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

HOPKINS, BEVERLY  
2185 NW 20TH STREET  
FT LAUDERDALE, FL 33311 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/T  
Name HOPKINS, BEVERLY  
Address 2185 NW 20TH STREET  
City-State-Zip: FT LAUDERDALE FL 33311

Title D/S  
Name SCARLETT, AMELIA  
Address 3711 NW 110TH AVENUE UNIT N  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name ALEXANDER, SHEREDA  
Address 2185 NW 20TH STREET  
City-State-Zip: FT LAUDERDALE FL 33311

Title P  
Name CLARKE, CHRISTINA  
Address 4120 NW 21ST AVE APT E102  
City-State-Zip: OAKLAND PARK FL 33309

*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:** BEVERLY HOPKINS

PT

04/30/2024

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

\_\_\_\_\_  
Date