

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90012 011 ***150.00

DOCUMENT # 641714

1. Entity Name

DONALD'S DAY CARE CENTER, INC.



Principal Place of Business

1746 NE 149TH STREET
NORTH MIAMI FL 33181

Mailing Address

1746 NE 149TH STREET
NORTH MIAMI FL 33181

2. Principal Place of Business - No P.O. Box #

1746-1748 N.E. 149TH ST

3. Mailing Address

SAMO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI FL

City & State

Zip

33181

Country

Zip

Country

4. FEI Number

59-1988586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

MORAITIS, GEORGE
16919 NW 57TH AVE
OPA LOCKA FL 33055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of individual agent and title, if applicable.

STATE Registered Agent signature required when submitting:

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DUBROCA, MARCO H
STREET ADDRESS 1746 NE 149TH ST
CITY-STATE-ZIP N MIAMI, FL 00000

TITLE D ☐ Delete
NAME POLANSKY, DENISSE, A
STREET ADDRESS 1746 NE 149TH ST
CITY-STATE-ZIP N MIAMI, FL 00000

TITLE S ☐ Delete
NAME DUBROCA, MARIA F.
STREET ADDRESS 1746 NE 149TH ST
CITY-STATE-ZIP N MIAMI, FL 00000

TITLE V ☐ Delete
NAME ALVAREZ, ROXANNA, M
STREET ADDRESS 1746 NE 149TH ST
CITY-STATE-ZIP N MIAMI, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

MARCO H. DUBROCA

305-945-4319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation