

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F62446

FILED  
Mar 01, 2011  
Secretary of State

Entity Name: SPARKS DAY CARE, INC.

**Current Principal Place of Business:**

8129 NW 12TH COURT  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

8129 NW 12TH COURT  
MIAMI, FL 33147

**New Mailing Address:**

FEI Number: 59-2201795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPARKS, SHIRLEY  
8129 NW 12TH CT  
MIAMI, FL 33147 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SPARKS, SHIRLEY  
Address: 8129 NW 12TH CT  
City-St-Zip: MIAMI, FL 00000,

Title: VP  
Name: SPARKS, PHYLLIS  
Address: 2841 N.W. 184TH ST.  
City-St-Zip: MIAMI, FL

Title: S  
Name: SPARKS, NICOLE  
Address: 2841 N.W. 184TH ST.  
City-St-Zip: MIAMI, FL

Title: T  
Name: MILLENDER, MARIA  
Address: 20334 N.W. 34 AVE  
City-St-Zip: MIAMI, FL 33161

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: SPARKS, SHIRLEY

PD

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date