


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90044 026 ***158.75

DOCUMENT # G99359					
1. Entity Name NANA'S CHILD CARE, INC					
Principal Place of Business 247 EAST 4 STREET HIALEAH, FL 33010			Mailing Address 247 EAST 4 STREET HIALEAH, FL 33010		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2387355	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANTANA, SUSANA 1120 WREN AVE. MIAMI SPRINGS, FL 33166			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 _____			DATE <u>4-18-07</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COROTZ, ALICIA	NAME	Curutz, Alicia		
STREET ADDRESS	5490 W. 14TH AVE.	STREET ADDRESS	5490 W. 14 AVE.		
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL 33012		
TITLE	S <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASARES, DIANA	NAME	Diana Casares		
STREET ADDRESS	3857 SW 156 AVE	STREET ADDRESS	3857 SW 156 AVE.		
CITY-ST-ZIP	MIAMI, FL 33185	CITY-ST-ZIP	Miami, FL 33185		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE			
NAME	FLEITES, ESTELA	NAME			
STREET ADDRESS	5958 W. 14 CT.	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTANA, SUSANA	NAME	Santana, Susana		
STREET ADDRESS	1120 WREN AVE	STREET ADDRESS	1120 Wren Ave.		
CITY-ST-ZIP	MIAMI SPGS, FL	CITY-ST-ZIP	Miami Springs, FL 33166		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE			
NAME	BILES, JENNIFER	NAME			
STREET ADDRESS	6875 W. 2 LANE	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Susana Santana</u>			Date <u>4-18-07</u> (305) 885-8847		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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01042007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2387355 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

4-18-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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NAME	COROTZ, ALICIA
STREET ADDRESS	5490 W. 14TH AVE.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	S <input type="checkbox"/> Delete
NAME	CASARES, DIANA
STREET ADDRESS	3857 SW 156 AVE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	FLEITES, ESTELA
STREET ADDRESS	5958 W. 14 CT.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP <input type="checkbox"/> Delete
NAME	SANTANA, SUSANA
STREET ADDRESS	1120 WREN AVE
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TITLE	S <input checked="" type="checkbox"/> Delete
NAME	BILES, JENNIFER
STREET ADDRESS	6875 W. 2 LANE
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curutz, Alicia
STREET ADDRESS	5490 W. 14 AVE.
CITY-ST-ZIP	Hialeah, FL 33012
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Casares
STREET ADDRESS	3857 SW 156 AVE.
CITY-ST-ZIP	Miami, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santana, Susana
STREET ADDRESS	1120 Wren Ave.
CITY-ST-ZIP	Miami Springs, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SIGNATURE: Susana Santana
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-18-07 (305) 885-8847
 Date Daytime Phone #