

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G99359

FILED
Sep 10, 2009
Secretary of State

Entity Name: NANA'S CHILD CARE, INC

Current Principal Place of Business:

247 EAST 4 STREET
HIALEAH, FL 33010

New Principal Place of Business:

3521 EAST 4TH AVE
HIALEAH, FL 33013

Current Mailing Address:

247 EAST 4 STREET
HIALEAH, FL 33010

New Mailing Address:

3521 EAST 4TH AVE
HIALEAH, FL 33013

FEI Number: 59-2387355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTANA, SUSANA
1120 WREN AVE.
MIAMI SPRINGS, FL 33166 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: COROTZ, ALICIA
Address: 5490 W. 14TH AVE.
City-St-Zip: HIALEAH, FL 33012

Title: T (X) Delete
Name: CASARES, DIANA
Address: 3857 SW 156 AVE
City-St-Zip: MIAMI, FL 33185

Title: P (X) Delete
Name: SANTANA, SUSANA
Address: 1120 WREN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANTANA, SUSANA
Address: 1120 WREN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSANA SANTANA

P

09/10/2009

Electronic Signature of Signing Officer or Director

_____ Date