

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H21991

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** ADRANAH'S DAY CARE CENTER INC.

**Current Principal Place of Business:**

2501 NW 206TH STREET  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

2501 NW 206TH STREET  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

**FEI Number:** 59-2453885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERDUE, ADRANAH  
2501 N.W. 206TH STREET  
MIAMI GARDENS, FL 33056 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:** PERDUE, ADRANAH  
**Address:** 2521 N.W. 206 STREET  
**City-St-Zip:** MIAMI GARDENS, FL 33056

**Title:** FD  
**Name:** PERDUE, EDDIE  
**Address:** 2521 N.W. 206 STREET  
**City-St-Zip:** MIAMI GARDENS, FL

**Title:** SEC  
**Name:** PERDUE, KAREN SEC  
**Address:** 2541 NW 206 ST  
**City-St-Zip:** MIAMI GARDENS, FL 33056

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:** ADRANAH PERDUE

PD

03/20/2012

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

\_\_\_\_\_  
Date