

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J51854

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** DILLARD PARK DAY CARE CENTER, INC.

**Current Principal Place of Business:**

2337/2333 NW 13TH COURT  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8703  
FT LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 65-0000140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SNELL, XAVIER S PDMC  
2337 N.W. 13TH COURT  
FT LAUDERDALE, FL 33311 US

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

SNELL, XAVIER S SR.PDM  
2337 N.W. 13TH COURT  
FT LAUDERDALE, FL 33311 US

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: XSS

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDMC  
Name: SNELL, XAVIER S SR  
Address: 4540 NW 34 STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: XSS

PDMC

04/30/2011

Electronic Signature of Signing Officer or Director

Date