

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K91614

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** FARAH'S ANGELS DAY CARE CENTER, INC.

**Current Principal Place of Business:**

15002 NE 12TH AVENUE  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

15002 NE 12TH AVENUE  
MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 65-0122487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DESGRANGES, YANICK  
15002 NE 12TH AVE.  
MIAMI, FL 33165 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: PTD  
Name: DESGRANGES, YANICK  
Address: 15002 NE 12 AVE  
City-St-Zip: MIAMI, FL 33161

Title: VSD  
Name: ANDRE, KAREN  
Address: 5342 SW 38 AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33312

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: YANICK DESGRANGES

PTD

01/25/2011

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

\_\_\_\_\_  
Date