

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36156

FILED  
Jul 14, 2008  
Secretary of State

**Entity Name:** GIRTMAN CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

101 NE 5TH AVE.  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BLANCHE H. GIRTMAN  
P.O. BOX 243  
BOYNTON BEACH, FL 334250243 US

**New Mailing Address:**

**FEI Number:** 65-0174321      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GIRTMAN, BLANCHE H  
912 NW 3RD STREET  
BOYNTON BEACH, FL 33435 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: GIRTMAN-GAYLE, CLAIRE TREAS.  
Address: 1315 WEST INDIES WAY  
City-St-Zip: LANTANA, FL 33462 US

Title: P ( ) Delete  
Name: GIRTMAN, BLANCHE H PRES  
Address: 912 NORTH WEST 3RD STREET  
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: S ( ) Delete  
Name: GIRTMAN, ANGELA D SEC  
Address: 1920 NORTHEAST FIRST LANE  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: CLAIRE GIRTMAN-GAYLE

TREA

07/14/2008

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

\_\_\_\_\_  
Date