

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L61042

1. Entity Name
CHILDREN'S PARADISE CHILD CARE CENTER, INC.



Principal Place of Business

**7435 SW 61 AVE
MIAMI, FL 33143 US**

Mailing Address

**7435 SW 61 AVE
MIAMI, FL 33143 US**

DO NOT WRITE IN THIS SPACE



04192006 No Chg-F CR2E034 (11/05)

4. FEI Number
65-0186513

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATTERSON, JOHN H., JR
44 WEST FLAGLER STREET, 18TH FLOOR
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (file if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000527357
05/04/06-80111-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MENOCAL, MARIA G
STREET ADDRESS	5641 SW 67TH AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	V
NAME	RODRIGUEZ, ANGELINA
STREET ADDRESS	12786 SW 146TH LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	RODRIGUEZ, RAMON R
STREET ADDRESS	12786 S.W. 146 LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	S
NAME	CAZZANIGA, ROSY
STREET ADDRESS	12786 SW 146 LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	T
NAME	IRMA, LARA
STREET ADDRESS	5641 SW 67 AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelina Rodriguez
Angelina Rodriguez

April 19/2006
April 19/2006

(305) 666-1635
(305) 666-1635