

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61042

FILED  
Jan 08, 2008  
Secretary of State

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

**Current Principal Place of Business:**

7435 SW 61 AVE  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

7435 SW 61 AVE  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 65-0186513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATTERSON, JOHN H., JR  
44 WEST FLAGLER STREET, 18TH FLOOR  
MIAMI, FL 33130 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: PD ( ) Delete  
Name: MENOCAL, MARIA G  
Address: 5641 SW 67TH AVE  
City-St-Zip: MIAMI, FL 33186

Title: V ( ) Delete  
Name: RODRIGUEZ, ANGELINA,  
Address: 12786 SW 146TH LANE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: RODRIGUEZ, RAMON R  
Address: 12786 S.W. 146 LANE  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: CAZZANIGA, ROSY  
Address: 12786 SW 146 LANE  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete  
Name: IRMA, LARA  
Address: 5641 SW 67 AVE  
City-St-Zip: MIAMI, FL 33143

**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:

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:** RAMON R. RODRIGUEZ

D

01/08/2008

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

\_\_\_\_\_  
Date