

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86116

FILED  
Jan 24, 2007  
Secretary of State

Entity Name: S & S FIRST STEP DAY CARE CENTER, INC.

**Current Principal Place of Business:**

1309 NW AVE L  
BELLE GLADE, FL 33430 US

**New Principal Place of Business:**

**Current Mailing Address:**

1309 NW AVE L  
BELLE GLADE, FL 33430 US

**New Mailing Address:**

FEI Number: 65-0207288      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEZCANO, BRANDI  
1309 NW AVE L  
BELLE GLADE, FL 33430 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: DP ( ) Delete  
Name: LEZCANO, BRANDI  
Address: 119 KAPOK CRESCENT  
City-St-Zip: ROYAL PALM BEACH, FL

Title: DV ( ) Delete  
Name: SMITH, DAWN L.,  
Address: 942 STILLWELL RD  
City-St-Zip: BELLE GLADE, FL

Title: T ( ) Delete  
Name: SMITH, JERRY  
Address: 942 STILLWELL RD.  
City-St-Zip: BELLE GLADE, FL

Title: S (X) Delete  
Name: LEZCANO, FERNANDO  
Address: 119 KAPOK CRESCENT  
City-St-Zip: ROYAL PALM BEACH, FL

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

Title: DP (X) Change ( ) Addition  
Name: LEZCANO, BRANDI  
Address: 119 KAPOK CRESCENT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S (X) Change ( ) Addition  
Name: LEZCANO, FERNANDO  
Address: 119 KAPOK CRESCENT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP (X) Change ( ) Addition  
Name: SMITH, DAWN L  
Address: 942 STILLWELL RD.  
City-St-Zip: BELLE GLADE, FL 33430

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FERNANDO LEZCANO

S

01/24/2007

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

\_\_\_\_\_  
Date