

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86116

FILED  
Apr 04, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEZCANO, BRANDI  
Address: 119 KAPOK CRESCENT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD  
Name: LEZCANO, FERNANDO  
Address: 119 KAPOK CRESCENT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPD  
Name: SMITH, DAWN L  
Address: 942 STILLWELL RD.  
City-St-Zip: BELLE GLADE, FL 33430

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: BRANDI LEZCANO

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04/04/2011

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

\_\_\_\_\_  
Date