2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N06000012150

Entity Name: CENTRO MATER CHILD CARE SERVICES, INC.

Current Principal Place of Business:

8298 NW 103 ST.
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

4790 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 20-8083301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

J. PATRICK FITZGERALD, ESQUIRE
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 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:	C	( ) Delete
Name:	LAWSON, RALPH E	
Address:	6855 RED ROAD #600	
City-St-Zip:	CORAL GABLES, FL 33143	
Title:	D	( ) Delete
Name:	TURCOTTE, RICHARD MR.	
Address:	9401 BISCAYNE BOULEVARD	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	SD	( ) Delete
Name:	HENNESSEY, WILLIAM J REV.	
Address:	9401 BISCAYNE BOULEVARD	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	D	( ) Delete
Name:	FARREY, BUD MR.	
Address:	1315 BAY TERRACE	
City-St-Zip:	NORTH BAY VILLAGE, FL 33141	
Title:	PCEO	( ) Delete
Name:	CATANIA, JOSEPH M	
Address:	4790 NORTH STATE ROAD 7	
City-St-Zip:	LAUDERDALE LAKES, FL 33319	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CD	(X) Change ( ) Addition
Name:	LAWSON, RALPH E	
Address:	6855 RED ROAD #600	
City-St-Zip:	CORAL GABLES, FL 33143	
Title:	D	(X) Change ( ) Addition
Name:	JAMAL, ASIF	
Address:	1028 COTORRO AVENUE	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	VCSD	(X) Change ( ) Addition
Name:	HENNESSEY, WILLIAM J REV.	
Address:	9401 BISCAYNE BOULEVARD	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PCEO	(X) Change ( ) Addition
Name:	CATANIA, JOSEPH M	
Address:	C/O 4790 NORTH STATE ROAD 7	
City-St-Zip:	LAUDERDALE LAKES, FL 33319	
Title:	AS	( ) Change (X) Addition
Name:	MARIN, TOMAS	
Address:	C/O 3900 N.W. 79 AVENUE, STE 731	
City-St-Zip:	MIAMI, FL 33166	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. CATANIA PCEO 03/27/2009

Electronic Signature of Signing Officer or Director — Date