

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005141

FILED
Mar 23, 2009
Secretary of State

Entity Name: COLLETTE'S FAMILY DAY CARE, INC.

Current Principal Place of Business:

2730 COCONUT AVE.
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2730 COCONUT AVE.
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0862128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARVEZ, ALEX
2730 COCONUT AVE.
COCONUT GROVE, FL 33133 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 () Delete
Name: PARVEZ, COLLETTE
Address: 2730 COCONUT AVE.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: KAMMIRE, BEAULAH
Address: 625 PALMETTO DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: SPUND, YOLAND
Address: 18661 S.W. 108TH AVE., APT. 4-D
City-St-Zip: MIAMI, FL 33176

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:

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: COLLETTE PARVEZ

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date