

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006945

FILED
May 01, 2007
Secretary of State

Entity Name: TINY SMILES DAYCARE & PRE-SCHOOL, CORP.

Current Principal Place of Business:

10550 NW 77TH CT
211-212
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

10550 NW 77TH CT
211-212
HIALEAH GARDENS, FL 33016

New Mailing Address:

FEI Number: 65-1069153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPIZAR, NORA
10550 NW 77TH CT
STE 211/212
HIALEAH GARDENS, FL 33016 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALPIZAR, NORA
Address: 10550 NW 77 CT, STE 211-12
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: V () Delete
Name: ALPIZAR FORTE, NORILY
Address: 10550 NW 77 CT, STE 211-12
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NORA ALPIZAR

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date