


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000047298 1. Entity Name LOVELY STARS CHILD CARE INC.	
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Principal Place of Business 24953 SW 135TH ROAD PRINCETON, FL 33032	Mailing Address 24953 SW 135TH ROAD PRINCETON, FL 33032
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1103857	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LLERENA, CARLOS R
18130 SW 136TH COURT
MIAMI, FL 33177

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE


Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

3/7/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LLERENA, YURKYS M 18130 SW 136TH CT MIAMI, FL 33177
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARNOLD, LUZ M 16131 SW 30TH STREET HOMESTEAD, FL 33033
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LLERENA, CARLOS 18130 SW 136TH CT MIAMI, FL 33177
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/10/05-80018-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/7/05