

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027853

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** INFANT DREAMS DAY CARE, INC.

**Current Principal Place of Business:**

3140 WEST 84TH STREET UNIT #10 AND 11  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

3140 WEST 84TH STREET UNIT #10 AND 11  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

FEI Number: 51-0450636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, MARTA  
3140 WEST 84TH STREET UNIT #10 AND 11  
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

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: GARCIA, MARTA  
Address: 3140 WEST 84TH STREET UNIT #10 AND 11  
City-St-Zip: HIALEAH GARDENS, FL 33016

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: MARTA GARCIA

PD

04/02/2012

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

\_\_\_\_\_ Date