

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000041603

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** MY FIRST STEPS, LEARNING-DAY CARE, INC.

**Current Principal Place of Business:**

1006 E 8 AVENUE  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

12870 SW 72 TERRACE  
MIAMI, FL 33183

**New Mailing Address:**

1006 E 8 AVENUE  
HIALEAH, FL 33010

**FEI Number:** 57-1160582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OJEDA, NEIDA  
12870 SW 72 TERRACE  
MIAMI, FL 33183 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  
**Name:** NAVARRO, BERTA  
**Address:** 12870 SW 72 TERRACE  
**City-St-Zip:** MIAMI, FL 33183

**Title:** VST  
**Name:** OJEDA, NEIDA  
**Address:** 12870 SW 72 TERRACE  
**City-St-Zip:** MIAMI, FL 33183

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:** NEIDA OJEDA

VP

02/15/2011

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

\_\_\_\_\_  
Date