

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067721

FILED  
Mar 16, 2012  
Secretary of State

**Entity Name:** CREATIVE CHILD LEARNING CENTER, INC. V

**Current Principal Place of Business:**

4390 GROVE PARK DR  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

**Current Mailing Address:**

150 WESTON RD  
SUNRISE, FL 33326 US

**New Mailing Address:**

**FEI Number:** 71-0951445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUFRICHTIG, JOAN M  
150 WESTON ROAD  
SUNRISE, FL 33326 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: STD  
Name: AUFRICHTIG, JOAN STD  
Address: 150 WESTON ROAD  
City-St-Zip: SUNRISE, FL 33326 US

Title: PD  
Name: AGER, BRIAN R PD  
Address: 150 WESTON ROAD  
City-St-Zip: SUNRISE, FL 33326 US

Title: VPD  
Name: AGER, EILEEN C VPD  
Address: 150 WESTON ROAD  
City-St-Zip: SUNRISE, FL 33326 US

Title: D  
Name: JAFFE, EVAN  
Address: 555 SW 112TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D  
Name: JAFFE, EMERY  
Address: 555 SW 112TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

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: EILEEN C AGER

VP

03/16/2012

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

\_\_\_\_\_  
Date