2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000099001

CANDY LAND CHILD CARE CENTER, INC.



FILED Apr 04, 2007 08:00 All Secretary of State

Principal Place of Business

4150 SW 137 CT MIAMI, FL 33175 Mailing Address

4150 SW 137 CT MIAMI, FL 33175



CR2E034 (11/05)

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE 4. FEI Number 30-0202524 \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

MARTIN, GLADYS 4150 SW 137 CT MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

No Chg-P

03212007

the obligati	ions of registered agent.	ourpose of changing its registere	ed office or registered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, lyped or printed natine of registered agent and little	d applicable (NOTE, Registere	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	A STANFORM	pro Ni pro la
TITLE NAME STREET ADDRESS CITY-S1-ZIP	P MARTIN, GLADYS 4150 SW 137 CT MIAMI, FL 33175			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMARANTE, AMAURY A 4150 SW 137 CT MIAMI, FL 33175			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· -	, -	DC	NOT WRITE
TITLE NAME STREET ADDRESS			IN	THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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TITLE NAME STREET ADDRESS CITY-ST-7IP DITLE NAME STREET ADDRESS CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR