2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# P04000003323

Entity Name: FAMILY, ADULT & CHILD ENRICHMENT SERVICES, INC.

Current Principal Place of Business:

3119 CORAL WAY
SUITE 200
MIAMI, FL 33145

New Principal Place of Business:

3001 PONCE DE LEON BLVD.
SUITE 119
CORAL GABLES, FL 33134

Current Mailing Address:

3119 CORAL WAY
SUITE 200
MIAMI, FL 33145

New Mailing Address:

PO BOX 144615
CORAL GABLES, FL 331144615

FEI Number: 20-0550648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PADRON, FELIX O
3119 CORAL WAY
SUITE 200
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

PADRON, FELIX O
3001 PONCE DE LEON BLVD.
SUITE 119
CORAL GABLES, FL 33134 US

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: FELIX O. PADRON 05/04/2010
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST
Name: PADRON, FELIX O
Address: 3001 PONCE DE LEON BLVD., STE. 119
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD
Name: PADRON, FELIX O
Address: 3001 PONCE DE LEON BLVD., STE. 119
City-St-Zip: CORAL GABLES, FL 33134

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: FELIX O. PADRON PST 05/04/2010
Electronic Signature of Signing Officer or Director Date