

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000061220

1. Entity Name
BBC CHILD CARE, INC.



Principal Place of Business
12300 QUAIL ROOST DRIVE
2
MIAMI, FL 33177

Mailing Address
12300 QUAIL ROOST DRIVE
2
MIAMI, FL 33177

**FILED
Jan 18, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0994925	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MIDEYLS
12300 QUAIL ROOST DRIVE
2
MIAMI, FL 33177

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

7. Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, MIDEYLS
STREET ADDRESS	12300 QUAIL ROOST DRIVE NO. 2
CITY-ST-ZIP	MIAMI, FL 33177

TITLE	SD
NAME	RODRIGUEZ, ALEJANDRO
STREET ADDRESS	12300 QUAIL ROOST DRIVE NO. 2
CITY-ST-ZIP	MIAMI, FL 33177

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/08-80044-008 150.00

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IN THIS SPACE**

12. I hereby 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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

305 235-8551

Date

Daytime Phone #