2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077924

Entity Name: PLAYLAND ACADEMY CHILDCARE & LEARNING CENTER. INC

FILED May 09, 2008 Secretary of State

The state of the s	
Current Principal Place of Business:	New Principal Place of Business:
2640 NW 72ND AVENUE CHILD CARE FACILITY HOLLYWOOD, FL 33024	7617-7627 DAVIE RD. EXT CHILD CARE FACILITY HOLLYWOOD, FL 33024
Current Mailing Address:	New Mailing Address:
2640 NW 72ND AVENUE CHILD CARE FACILITY HOLLYWOOD, FL 33024	7617-7627 DAVIE RD. EXT CHILD CARE FACILITY HOLLYWOOD, FL 33024
FEI Number: 41-2139150 FEI Number Applied For () FEI Number	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SOTO, LUZ MIRIAM 2640 NW 72ND AVENUE HOLLYWOOD, FL 33024 US	SOTO, LUZ MIRIAM 7617-7627 DAVIE RD. EXT. HOLLYWOOD, FL 33024 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: LUZ MIRIAM SOTO	05/09/2008
Electronic Signature of Registered Agent	Date
In accordance with s. $607.193(2)(b)$, F.S., the corporation did not receive t Election Campaign Financing Trust Fund Contribution ().	he prior notice.
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: SOTO, LUZ MIRIAM Address: 2640 NW 72ND AVENUE City-St-Zip: HOLLYWOOD, FL 33024	Title: O (X) Change () Addition Name: SOTO, LUZ MIRIAM Address: 7617-7627 DAVIE RD. EXT. City-St-Zip: HOLLYWOOD, FL 33024
Title: () Delete Name: Address: City-St-Zip:	Title: D () Change (X) Addition Name: VELILLA, JACKELYN J Address: 6136 SW 20TH ST. City-St-Zip: MIRAMAR, FL 33023
Title: () Delete Name: Address: City-St-Zip:	Title: T () Change (X) Addition Name: VELILLA, KATHERINE J Address: 6136 SW 20TH ST. City-St-Zip: MIRAMAR, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACKELYN VELILLA D 05/09/2008