

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104063

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: STARS LEARNING DAY CARE CENTER, INC

## Current Principal Place of Business:

2140 VERDUN DR.  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

2140 VERDUN DR.  
MIAMI BEACH, FL 33141 US

## Current Mailing Address:

2140 VERDUN DR.  
MIAMI BEACH, FL 33141

## New Mailing Address:

2140 VERDUN DR.  
MIAMI BEACH, FL 33141 US

FEI Number: 20-1360304

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALONSO, ISAIAS  
7801 ABBOTT AVENUE  
408  
MIAMI BEACH, FL 33141 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: ALONSO, ISAIAS  
Address: 7801 ABBOTT AVENUE # 418  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD ( ) Delete  
Name: ALONSO, ILEANA  
Address: 7801 ABBOTT AVENUE # 418  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition  
Name: ALONSO, ISAIAS  
Address: 7801 ABBOTT AVENUE # 418  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VPD (X) Change ( ) Addition  
Name: ALONSO, ILEANA  
Address: 7801 ABBOTT AVENUE # 418  
City-St-Zip: MIAMI BEACH, FL 33141 US

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: ISAIAS ALONSO

PDT

04/30/2008

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

\_\_\_\_\_  
Date