

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000055421

FILED
Apr 21, 2008
Secretary of State

Entity Name: LOVELY STARS CHILD CARE OCL, INC

Current Principal Place of Business:

4675 PONCE DE LEON BLVD SUITE 302
CORAL GABLES, FL 33146

New Principal Place of Business:

24953 SW 135 ROAD
PRINCETON, FL 33032

Current Mailing Address:

4675 PONCE DE LEON BLVD SUITE 302
CORAL GABLES, FL 33146

New Mailing Address:

9495 HAITIAN DRIVE
MIAMI, FL 33189

FEI Number: 76-0789483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, KEITH R
4675 PONCE DE LEON BLVD SUITE 302
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

LOPEZ, OSCAR
9495 HAITIAN DRIVE
MIAMI, FL 33189 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: OSCAR LOPEZ

04/21/2008

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: D () Delete
Name: LOPEZ, OSCAR
Address: 9495 HAITIAN DR
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: LOPEZ, CARIDAD
Address: 9495 HAITIAN DR
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, OSCAR
Address: 9495 HAITIAN DRIVE
City-St-Zip: MIAMI, FL 33189

Title: VD (X) Change () Addition
Name: LOPEZ, CARIDAD
Address: 9495 HAITIAN DRIVE
City-St-Zip: MIAMI, FL 33189

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: OSCAR LOPEZ

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04/21/2008

Electronic Signature of Signing Officer or Director

Date