

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000055421

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** LOVELY STARS CHILD CARE OCL, INC

**Current Principal Place of Business:**

24953 SW 135 ROAD  
PRINCETON, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

9495 HAITIAN DRIVE  
MIAMI, FL 33189

**New Mailing Address:**

24953 SW 135 ROAD  
PRINCETON, FL 33032

**FEI Number:** 76-0789483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, CARIDAD  
9495 HAITIAN DRIVE  
MIAMI, FL 33189 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:** PD  
**Name:** LOPEZ, CARIDAD  
**Address:** 9495 HAITIAN DRIVE  
**City-St-Zip:** MIAMI, FL 33189

**Title:** MG  
**Name:** LOPEZ, OSCAR  
**Address:** 24953 SW 135 ROAD  
**City-St-Zip:** PRINCETON, FL 33032

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:** CARIDAD LOPEZ

PD

04/27/2010

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

\_\_\_\_\_  
Date