

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000089503

**FILED**  
**Mar 06, 2009**  
**Secretary of State****Entity Name:** CHILD CARE CENTER CONSULTANTS, INC.**Current Principal Place of Business:**2635 W. 81ST  
HIALEAH, FL 33016 US**New Principal Place of Business:**8500 S.W. 108 STREET  
MIAMI, FL 33156 US**Current Mailing Address:**2635 W. 81ST  
HIALEAH, FL 33016 US**New Mailing Address:**8500 S.W. 108 STREET  
MIAMI, FL 33156 US**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PINEIRO, LUCIA C  
8145 W. 28TH AVE  
HIALEAH, FL 33016 US**Name and Address of New Registered Agent:**PINEIRO, LUCIA C  
8145 W. 28TH AVE  
219  
HIALEAH, FL 33016 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: LUCIA C. PINEIRO

03/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P/D ( ) Delete  
Name: KEITH, DALE  
Address: 8500 S.W. 108TH ST.  
City-St-Zip: MIAMI, FL 33156 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DALE KEITH

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date