

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148519

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** BUSY BEES LEARNING CENTER CORP.

**Current Principal Place of Business:**

11055 WEST OCKEECHOBEE ROAD #201  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

11055 WEST OCKEECHOBEE ROAD #201  
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

**FEI Number:** 20-3760155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAYAS BAZAN, MARIA C  
11055 WEST OCKEECHOBEE ROAD #201  
HIALEAH GARDENS, FL 33018 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:** DPST ( ) Delete  
**Name:** ZAYAS BAZAN, MARIA C  
**Address:** 11055 WEST OCKEECHOBEE ROAD #201  
**City-St-Zip:** HIALEAH GARDENS, FL 33018

**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:** MARIA ZAYAS-BAZAN

OWNE

04/25/2009

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

\_\_\_\_\_  
Date