

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000034627

Entity Name: R.C.W. DAY CARE, INC.

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2990 NW 43 AVENUE  
LAUDERDALE LAKES, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

2990 NW 43 AVENUE  
LAUDERDALE LAKES, FL 33313

**New Mailing Address:**

FEI Number: 20-4469892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTIN, DONNA  
2990 NW 43RD AVENUE  
LAUDERDALE LAKES, FL 33313 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: MARTIN, DONNA  
Address: 2990 NW 43 AVENUE  
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: DPS  
Name: COLE, NATALIE  
Address: 2990 NW 43RD AVE  
City-St-Zip: LAUDERDALE LAKES, FL 33313 US

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: NATALIE COLE

DPS

02/08/2012

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

\_\_\_\_\_  
Date