

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000067920

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** LITTLE ALONDRAS CARE, INC.

**Current Principal Place of Business:**

19700 NW 40TH AVENUE  
CAROL CITY, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

19700 NW 40TH AVENUE  
CAROL CITY, FL 33055

**New Mailing Address:**

**FEI Number:** 20-4910822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARAZOZA & FERNANDEZ-FRAGA P.A.  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES, FL 33134 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:** PSD  
**Name:** ARAZOZA, CAROLINA  
**Address:** 19700 NW 40TH AVENUE  
**City-St-Zip:** CAROL CITY, FL 33055

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:** CAROLINA ARAZOZA

PS

04/30/2010

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

\_\_\_\_\_  
Date