

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093503

FILED
Jun 01, 2009
Secretary of State

Entity Name: CARIBBEAN PRE-SCHOOL AND DAY CARE, INC

Current Principal Place of Business:

11851 S.W. 200 STREET
MIAMI, FL 33177 US

New Principal Place of Business:

Current Mailing Address:

11851 S.W. 200 STREET
MIAMI, FL 33177 US

New Mailing Address:

FEI Number: 20-5225112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWAN, MIGDALIA
11851 S.W. 200 STREET
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

COWAN, MIGDALIA
11900 SW 197 AVE
MIAMI, FL 33187 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: MIGDALIA COWAN

06/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COWAN, MIGDALIA
Address: 11851 S.W. 200 STREET
City-St-Zip: MIAMI, FL 33177 US

Title: S () Delete
Name: PAEZ, ALEJANDRO
Address: 11851 S.W. 200 STREET
City-St-Zip: MIAMI, FL 33177 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COWAN, MIGDALIA
Address: 19000 SW 197 AVE.
City-St-Zip: MIAMI, FL 33187 US

Title: S (X) Change () Addition
Name: PAEZ, ALEJANDRO
Address: 19000 SW 197 AVE.
City-St-Zip: MIAMI, FL 33187 US

Title: VP () Change (X) Addition
Name: LOPEZ, DAPHNE L
Address: 19000 SW 197 AVE
City-St-Zip: MIAMI, FL 33187 US

Title: T () Change (X) Addition
Name: PAEZ, PEDRO
Address: 19000 SW 197 AVE.
City-St-Zip: MIAMI, FL 33187 US

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: MIGDALIA COWAN

PD

06/01/2009

Electronic Signature of Signing Officer or Director

Date