

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000151270

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** LULLABY LEARNING CENTER, INC.

**Current Principal Place of Business:**

301 SOUTH HOMESTEAD BLVD.  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

9860 SANTOS DR.  
CUTLER BAY, FL 33189

**New Mailing Address:**

**FEI Number:** 20-8010610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPOTE, ROMY  
9860 SANTOS DR.  
MIAMI, FL 33189 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: P  
Name: CAPOTE, ROMY  
Address: 9860 SANTOS DR.  
City-St-Zip: MIAMI, FL 33189

Title: VP  
Name: NODAL, RAMON  
Address: 9860 SANTOS DR.  
City-St-Zip: CUTLER BAY, FL 33189

Title: SCR.  
Name: PIEDRA, MARIA E  
Address: 15101 SW 306 STREET  
City-St-Zip: HOMESTEAD, FL 33033

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: ROMY CAPOTE

PRES

02/15/2011

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

\_\_\_\_\_  
Date