

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022331

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** ARCOIRIS DE AMOR CHILD CARE INC.

**Current Principal Place of Business:**

929 W. MICHIGAN STREET  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

**Current Mailing Address:**

6430 CHERRY GROVE CIRCLE  
ORLANDO, FL 32809 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: V  
Name: JUSTO, GRISELDA  
Address: 6430 CHERRY GROVE CIRCLE  
City-St-Zip: ORLANDO, FL 32809

Title: S  
Name: JUSTO, GRISELDA  
Address: 6430 CHERRY GROVE CIRCLE  
City-St-Zip: ORLANDO, FL 32809

Title: T  
Name: JUSTO, GRISELDA  
Address: 6430 CHERRY GROVE CIRCLE  
City-St-Zip: ORLANDO, FL 32809

Title: P  
Name: GOMEZ, INGRID  
Address: 6430 CHERRY GROVE CIRCLE  
City-St-Zip: ORLANDO, FL 32809

Title: D  
Name: GOMEZ, INGRID  
Address: 6430 CHERRY GROVE CIRCLE  
City-St-Zip: ORLANDO, FL 32809

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:** INGRID M. GOMEZ

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02/18/2010

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

\_\_\_\_\_  
Date