

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033633

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: GREAT DISCOVERIES LEARNING CENTER, INC.

**Current Principal Place of Business:**

15260 SOUTHWEST 280TH STREET  
MIAI, FL 33032

**New Principal Place of Business:**

15260 SOUTHWEST 280TH STREET  
HOMESTEAD, FL 33032

**Current Mailing Address:**

18404 SOUTHWEST 131ST AVE  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 22-3956373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DPST ( ) Delete  
Name: ALCAZAR, MARIA DE L  
Address: 15260 SOUTHWEST 280TH STREET  
City-St-Zip: MIAI, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: ALCAZAR, MARIA DE L  
Address: 18404 SW 131 AVE.  
City-St-Zip: MIAMI, FL 33177

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: MARIA DE LOURDES ALCAZAR

DPST

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date