

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005955

Entity Name: ALL DAY CARE INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

4820 SW 101 AVENUE
MIAMI, FL 33175 US

New Principal Place of Business:

4820 SW 101 AVENUE
MIAMI, FL 33165 US

Current Mailing Address:

4820 SW 101 AVENUE
MIAMI, FL 33175 US

New Mailing Address:

4820 SW 101 AVENUE
MIAMI, FL 33165 US

FEI Number: 26-1774680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERRANO, LUIS M
4820 SW 101 AVENUE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

SERRANO, LUIS M
4820 SW 101 AVENUE
MIAMI, FL 33165 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: LUIS M. SERRANO

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SERRANO, LUIS M
Address: 4820 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33175 US

Title: VP () Delete
Name: SERRANO, MARIA B
Address: 4820 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33175 US

Title: TREA () Delete
Name: SERRANO, LUIS M
Address: 4820 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33175 US

Title: SEC () Delete
Name: SERRANO, MARIA B
Address: 4820 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33175 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SERRANO, LUIS M
Address: 4820 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33165 US

Title: VP (X) Change () Addition
Name: SERRANO, MARIA B
Address: 4820 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33165 US

Title: TREA (X) Change () Addition
Name: SERRANO, LUIS M
Address: 4820 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33165 US

Title: SEC (X) Change () Addition
Name: SERRANO, MARIA B
Address: 4820 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33165 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: LUIS M. SERRANO

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date