

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062711

FILED
Mar 01, 2011
Secretary of State

Entity Name: MARGIE'S DAY CARE CENTER, INC.

Current Principal Place of Business:

14150 NW 6TH CT.
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

14150 NW 6TH CT.
MIAMI, FL 33168

New Mailing Address:

FEI Number: 26-2912886 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRESNELL, HONORA
14150 NW 6TH CT.
MIAMI, FL 33168 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: PD
Name: PRESNELL, HONORA
Address: 255 NE 164TH ST.
City-St-Zip: MIAMI, FL 33162

Title: VD
Name: PRESNELL, THOMAS D
Address: 255 NE 164TH ST.
City-St-Zip: MIAMI, FL 33162

Title: D
Name: PRESNELL, THOMAS J
Address: 255 NE 164TH ST.
City-St-Zip: MIAMI, FL 33162

Title: STD
Name: PRESNELL, HONORANN
Address: 255 NE 164TH ST.
City-St-Zip: MIAMI, FL 33162

Title: D
Name: PRESNELL, LAUREL L
Address: 130 NW 123RD ST.
City-St-Zip: MIAMI, FL 33168

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: HONORA PRESNELL

PD

03/01/2011

Electronic Signature of Signing Officer or Director

Date