

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000006169

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** SWEET DREAMZZ CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

1955 NW 172ND STREET  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2460  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

**FEI Number:** 27-0735359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMBRIDGE, CONNIE  
3701 NW 197 STREET  
MIAMI GARDENS, FL 33055 US

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

CAMBRIDGE, CRYSTAL  
3701 NW 197 STREET  
MIAMI GARDENS, FL 33055 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:** CRYSTAL CAMBRIDGE

04/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MS  
**Name:** CAMBRIDGE, CRYSTAL  
**Address:** 1955 NW 172ND STREET  
**City-St-Zip:** MIAMI, FL 33056

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:** CRYSTAL CAMBRIDGE

MS

04/29/2012

Electronic Signature of Signing Officer or Director

Date