

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000071650

Entity Name: ABBY'S DAY CARE INC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1912 HAMBROWN RD  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

1912 HAMBROWN RD  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

FEI Number: 27-3367201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOGOLLON, WILLIAM  
3477 WEST VINE ST  
KISSIMMEE, FL 34741 US

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

HURTADO, HERNAN R  
1912 HAMBROWN RD  
KISSIMMEE, FL 34746 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: HERNAN HURTADO

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HURTADO, HERNAN R  
Address: 1912 HAMBROWN RD  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: D  
Name: HURTADO, JACQUELINE  
Address: 1912 HAMBROWN RD  
City-St-Zip: KISSIMMEE, FL 34746 US

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: HERNAN HURTADO

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date