

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000011228

FILED
Feb 14, 2012
Secretary of State

Entity Name: MISS FUNMI'S DAY CARE CENTER INC.

Current Principal Place of Business:

2709 N TAMPA STR
TAMPA, FL 336022006 US

New Principal Place of Business:

Current Mailing Address:

2709 N TAMPA STR
TAMPA, FL 336022006 US

New Mailing Address:

FEI Number: 59-3167427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKINREFON, FUNMILAYO A
9101 KENTUCKY DAY CT
GIBSONTON, FL 33534 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: AKINREFON, FUNMILAYO A D
Address: 9101 KENTUCKY DAY CT
City-St-Zip: GIBSONTON, FL 33534 US

Title: V
Name: AKINREFON, TEMITOPE T
Address: 9101 KENTUCKY DAY CT
City-St-Zip: GIBSONTON, FL 33534 US

Title: T
Name: AKINREFON, OLUTAYO O
Address: 9101 KENTUCKY DAY CT
City-St-Zip: GIBSONTON, FL 33534 US

Title: S
Name: AKINREFON, OLUWAYEMISI T
Address: 9101 KENTUCKY DAY CT
City-St-Zip: GIBSONTON, FL 33534 US

Title: M
Name: AKINREFON, OLUWASEYE A
Address: 9101 KENTUCKY DAY CT
City-St-Zip: GIBSONTON, FL 33534 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: FUNMILAYO AKINREFON

PD

02/14/2012

Electronic Signature of Signing Officer or Director

_____ Date