## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000058303

Entity Name: TINY TOWN DAY CARE CENTER INC.

FILED Feb 02, 2008 Secretary of State

Entity Na	ille: Tilvi TO	WIN DAT CARE CENTER, INC	<b>.</b> .		
Current Principal Place of Business:			New Principal Place of Business:		
3700 SW MIAMI, FL	107 AVENUE 33165				
Current Mailing Address:			New Mailing Address:		
3700 SW MIAMI, FL	107 AVENUE 33165				
FEI Number	: 65-0442327	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
15370 S.W MIAMI, FL		EET	ourness of changing its registers	d office or registered agent or both	
	e of Florida.	submits this statement for the j	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( ESTEBAN, MAI 15370 S.W. 16 MIAMI, FL 331	3 STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS ( ESTEBAN, MAI 15370 S.W. 16 MIAMI, FL 331	3RD STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MARIA R. ESTEBAN DVS 02/02/2008