

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000073917

FILED  
May 05, 2010  
Secretary of State

**Entity Name:** EIGHT STREET DAY CARE, INC.

**Current Principal Place of Business:**

1405 N.E. 8 STREET  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

1405 N.E. 8 STREET  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 65-0453568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OUTAR, SCAFFORD  
1405 NE 8 ST  
HOMESTEAD, FL 33030 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OUTAR, SCAFFORD  
Address: 1405 NE 8 STREET  
City-St-Zip: HOMESTEAD, FL 33033

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:** SCAFFORD OUTAR

PRES

05/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date