

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000080738

FILED
Sep 17, 2009
Secretary of State

Entity Name: ANGELEE DAY CARE CENTER, INC.

Current Principal Place of Business:

815 ATLANTIC AVENUE
OPA-LOCKA, FL 33147

New Principal Place of Business:

Current Mailing Address:

20101 NW 9TH DR
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0654467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ANGELA G
20101 NW 9TH DRIVE
PEMBROKE PINES, FL 33029 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 () Delete
Name: WILSON, ANGELA G
Address: 20101 NW 9TH DR
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANGELA G. WILSON

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09/17/2009

Electronic Signature of Signing Officer or Director

Date