

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 025 ***150.00

DOCUMENT # P97000001705

1. Entity Name

BOLA CHILDCARE & LEARNING CENTER INC.



Principal Place of Business

7929 NE 1ST AVE
MIAMI FL 33138
US

Mailing Address

POB 380373
MIAMI FL 33238
US



2. Principal Place of Business - No P.O. Box #

70 N.E. 80 TERR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 380373

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MIAMI, FLORIDA

Zip
33138

Country

USA

City & State

MIAMI FLORIDA

Zip
33238

Country

USA

4. FEI Number 65-0760793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AKINBIYI, SUNDAY
18542 NW 23RD CT.
MIAMI FL 33056

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME AKINBIYI, SUNDAY ☐ Delete
STREET ADDRESS 18542 NW 23RD CT.
CITY ST ZIP MIAMI FL 33056

TITLE DVP
NAME AKINBIYI, JOSEPHINE ☐ Delete
STREET ADDRESS 18542 NW 23RD CT.
CITY ST ZIP MIAMI FL 33056

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

(305) 759-2585