

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001705

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** BOLA CHILDCARE & LEARNING CENTER INC.

**Current Principal Place of Business:**

70 NE 80 TERR  
MIAMI, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 380373  
MIAMI, FL 33238 US

**New Mailing Address:**

**FEI Number:** 65-0760793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AKINBIYI, SUNDAY  
18542 NW 23RD CT.  
MIAMI GARDENS, FL 33056 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: PRES  
Name: AKINBIYI, SUNDAY  
Address: 18542 NW 23RD CT.  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: DVP  
Name: AKINBIYI, JOSEPHINE  
Address: 18542 NW 23RD CT.  
City-St-Zip: MIAMI GARDENS, FL 33056

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: SUNDAY AKINBIYI

PRES

02/18/2011

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

\_\_\_\_\_ Date