

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90015 036 ***150.00

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1. Entity Name

SISI CHILD CARE, CORP.



Principal Place of Business

1945 NORMANDY DR
MIAMI BEACH FL 33141

Mailing Address

1945 NORMANDY DR
MIAMI BEACH FL 33141

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0780645

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMPEDRO, AIXA
1945 NORMANDY DR
MIAMI BEACH FL 33141

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

A. Sampedro

3/17/08

Signature, typed or printed name of registered agent and date of application.

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	PD	☒ Delete
NAME	SAMPEDRO, AIXA	
STREET ADDRESS	985 NE 116 STREET	
CITY- ST- ZIP	NO MIAMI FL 33161	
TITLE	V	☒ Delete
NAME	SERRA, ORLANDO	
STREET ADDRESS	1945 NORMANDY DR	
CITY- ST- ZIP	MIAMI BEACH FL 33141	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MARIELA ALEJANDRA KILLION	☐ Change ☒ Addition
NAME	P. D.	
STREET ADDRESS	1945 Normandy Drive	
CITY- ST- ZIP	Miami Beach, Fla. 33141	
TITLE	V. D. S. T.	☐ Change ☒ Addition
NAME	AIXA SAMPEDRO	
STREET ADDRESS	985 N. E. 116 St.	
CITY- ST- ZIP	Biscayne Park Fla. 33161	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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:

A. Sampedro

03/17/08 (305) 866 3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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