

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90087 027 \*\*\*150.00

**DOCUMENT # S31123**

1. Entity Name  
**LAS AMERICAS DAYCARE CENTER, INC.**



Principal Place of Business  
**910 SW 35TH AVE.  
MIAMI, FL 33135**

Mailing Address  
**4591 NW 9 STREET  
SUITE 32-A  
MIAMI, FL 33135**

40112314



**DO NOT WRITE IN THIS SPACE**

04032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0251602**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BEADE, PABLO  
910 SW 35TH AVE.  
MIAMI, FL 33135**

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	BEADE, PABLO
STREET ADDRESS	910 SW 35TH AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	S
NAME	PRIETO, PRIETO
STREET ADDRESS	910 SW 35TH AVE.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/07

Date

Daytime Phone #

ATTACHMENT

40112574

#531123

5/1/07

TO Whom it may concern,

In Space #10 officers & Directors

S. Prieto, Prieto is wrong.  
It is ANA R. Prieto not the  
last name printed twice. If  
you can please correct it.  
Thank you for your prompt  
attention in this matter.

TRULY  
*[Signature]*