

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012150

Entity Name: CENTRO MATER CHILD CARE SERVICES, INC.

Current Principal Place of Business:

8298 NW 103 ST.
HIALEAH GARDENS, FL 33016

Current Mailing Address:

4790 NORTH STATE ROAD7
LAUDERDALE LAKES, FL 33319

FEI Number: 20-8083301

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

J. PATRICK FITZGERALD, ESQUIRE
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 US

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

Officer/Director Detail :

Title CD
Name LAWSON, RALPH E
Address 6855 RED ROAD #600
City-State-Zip: CORAL GABLES FL 33143

Title D
Name JAMAL, ASIF
Address 1028 COTORRO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title VCSD
Name WORLEY, ELIZABETH A
Address C/O 9401 BISCAYNE BOULEVARD
City-State-Zip: MIAMI SHORES FL 33138

Title D
Name FARREY, BUD MR.
Address 1315 BAY TERRACE
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title PCEO
Name CATANIA, JOSEPH M
Address C/O 4790 NORTH STATE ROAD 7
City-State-Zip: LAUDERDALE LAKES FL 33319

Title AS
Name MARIN, TOMAS
Address C/O 5400 S.W. 102 AVENUE
City-State-Zip: MIAMI FL 33165

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH M. CATANIA

PRESIDENT & CEO

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date