

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K27530

**Entity Name:** FANTASYLAND DAY CARE CENTER CORP.

**Current Principal Place of Business:**

9600 SW 8TH ST  
SUITE 13  
MIAMI, FL 33174

**Current Mailing Address:**

9600 SW 8TH ST  
SUITE 13  
MIAMI, FL 33174

**FEI Number:** 65-0086080

**Certificate of Status Desired:** Yes

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

SILVA, AMANDA  
14282 SW 23RD LANE  
SUITE 13  
MIAMI, FL 33175 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	P	Title	VP
Name	SILVA, AMANDA	Name	SILVA, ANGEL J
Address	14282 SW 23 LANE	Address	14282 SW 23RD LANE
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175

*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:** ANGEL SILVA

**VICEPRES**

**03/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date