

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000106049

**Entity Name:** SHINING LIGHT CHILDCARE DEVELOPMENT CENTER, INC.

**FILED**  
**Feb 27, 2018**  
**Secretary of State**  
**CC9131613928**

**Current Principal Place of Business:**

8220 NW 13COURT  
MIAMI, FL 33147

**Current Mailing Address:**

8220 NW 13COURT  
MIAMI, FL 33147

**FEI Number: 65-1055864**

**Certificate of Status Desired: Yes**

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

HEREFORD, CYNTHIA  
8220 NW 13 CT.  
MIAMI, FL 33147 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           | PD                  | Title           | TREASURER       |
| Name            | HEREFORD, CYNTHIA H | Name            | FLEMING, RAHEIM |
| Address         | 8220 NW 13COURT     | Address         | 8220 NW 13COURT |
| City-State-Zip: | MIAMI FL 33147      | City-State-Zip: | MIAMI FL 33147  |

*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: CYNTHIA HEREFORD**

**PD**

**02/27/2018**

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

\_\_\_\_\_  
Date