

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000083113

**Entity Name:** MINI ME DAY CARE LEARNING CENTER II, INC.

**Current Principal Place of Business:**

11865 SW 26 ST  
SUITE H1  
MIAMI, FL 33175

**Current Mailing Address:**

11865 SW 26 ST  
SUITE H1  
MIAMI, FL 33175

**FEI Number:** 65-1156186

**Certificate of Status Desired:** No

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

SOLER, YAKELINE  
11865 SW 26 ST  
SUITE H1  
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           | PTD                        |
| Name            | SOLER, YAKELINE            |
| Address         | 11865 SW 26 ST<br>SUITE H1 |
| 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:** YAKELINE SOLER

**PRESIDENT**

**01/19/2021**

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

\_\_\_\_\_  
Date