

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000067721

**Entity Name:** CREATIVE CHILD LEARNING CENTER, INC. V

**Current Principal Place of Business:**

4390 GROVE PARK DR  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

150 WESTON RD  
SUNRISE, FL 33326 US

**FEI Number: 71-0951445**

**Certificate of Status Desired: No**

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

AUFRIHTIG, JOAN M  
150 WESTON ROAD  
SUNRISE, FL 33326 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           STD  
Name           AUFRIHTIG, JOAN STD  
Address        150 WESTON ROAD  
City-State-Zip: SUNRISE FL 33326

Title           PD  
Name           AGER, BRIAN RPD  
Address        150 WESTON ROAD  
City-State-Zip: SUNRISE FL 33326

Title           VPD  
Name           AGER, EILEEN CVPD  
Address        150 WESTON ROAD  
City-State-Zip: SUNRISE FL 33326

Title           D  
Name           JAFFE, EVAN  
Address        555 SW 112TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33069

Title           D  
Name           JAFFE, EMERY  
Address        16154 RIO DEL SOL  
City-State-Zip: DELRAY BEACH FL 33446

*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: EILEEN AGER**

**V. PRESIDENT**

**03/20/2013**

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

\_\_\_\_\_  
Date