

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000017219

**Entity Name:** LARISA NECHAYEVA CHILD CARE INC.

**Current Principal Place of Business:**

280 191 STREET  
MIAMI, FL 33160

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC3232784477**

**Current Mailing Address:**

280 191 STREET  
MIAMI, FL 33160 US

**FEI Number: 45-0535398**

**Certificate of Status Desired: No**

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

NECHAYEVA, LARISA  
18925 N.BAY RD.  
HOLLYWOOD, FL 33021 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	PSD	Title	VP
Name	NECHAYEVA, LARISA	Name	REYENTENKO, MARIYA
Address	280 191 STREET.	Address	280 191 STREET
City-State-Zip:	MIAMI FL 33160	City-State-Zip:	MIAMI FL 33160

*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: LARISA NECHAYEVA**

**OWNER**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date