

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000085531

**Entity Name:** DREAM MAKERS CHILD CARE, INC

**Current Principal Place of Business:**

5713 NW 114 CT  
APT 105  
DORAL, FL 33178

**Current Mailing Address:**

5713 NW 114 CT  
APT 105  
DORAL, FL 33178

**FEI Number:** 49-3936123

**Certificate of Status Desired:** No

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

GARCIA, MARTHA  
5713 NW 114 CT  
APT 105  
DORAL, FL 33178 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	GARCIA, MARTHA	Name	MEJIA, CARLOS A
Address	5713 NW 114 CT AT 105	Address	5713 NW 114 CT APT 105
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** MARTHA GARCIA

**PRESIDENT**

**04/30/2015**

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

\_\_\_\_\_  
Date