I hereby certify that the information indicated on this report or supplemental report is true and accurate a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute t		
above, or on an attachment with all other like empowered.		
SIGNATURE: DANIEL M SACCAL	PRESIDENT	04/20/2021

SIGNATURE: DANIEL M SACCAL

L

Electronic Signature of Signing Officer/Director Detail

SACCAL, DANIEL M 4091 JONQUIL CR S

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:

Officer/Director Detail : Title T:4 -р

litle	Р	litle	VP
Name	SACCAL, DANIEL M	Name	SACCAL, KIMBERLY M
Address	4091 JONQUIL CR S	Address	4091 JONQUIL CR S
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000056127

Entity Name: CHILD CARE PROVIDERS, INC

Current Principal Place of Business:

4091 JONQUIL CR S PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4091 JONQUIL CR S PALM BEACH GARDENS, FL 33410

FEI Number: 84-2494974

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PALM BEACH GARDENS, FL 33410 US

FILED Apr 20, 2021 Secretary of State 1811154683CC

Date

Certificate of Status Desired: No

Date