

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000018418

**Entity Name:** A.B.C. DAY CARE & LEARNING CENTER, INC.

**Current Principal Place of Business:**

9091 TAFT ST.  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9091 TAFT ST.  
PEMBROKE PINES, FL 33024

**FEI Number:** 65-0698017

**Certificate of Status Desired:** No

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

SWANSON, LILY M  
2110 N.W. 106TH AVE.  
PEMBROKE PINES, FL 33026 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 VP  
Name RAMIREZ, MARIA  
Address 2492 CENTERGATE DRIVE #101  
City-State-Zip: PEMBROKE PINES FL 33025

Title PD  
Name SWANSON, LILY  
Address 2110 NW 106 AVE.  
City-State-Zip: PEMBROKE PINES FL 33026

Title T  
Name SWANSON, MARK  
Address 2110 NW 106 AVE.  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** MARIA RAMIREZ

VP

04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date