2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SCHALLE FUNCTION THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90077 025 ****61.25

DOCUMENT # N00000002431

1. Entity Name
EARLY LEARNING COALITION OF
MIAMI-DADE/MONROE, INC.



Principal Place of Business 3250 SW THIRD AVE., 5TH FLOOR MIAMI, FL 33129		Mailing Address 3250 SW THIRD AVE., 5TH FLOOR MIAMI, FL 33129 US		40046876
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Suite, Apt. #, etc.				
5th floor			floor	03172006 Chg-NP CR2E037 (11/05)
City & State	3 _	City & State	<u>. وي .</u>	4. FEI Number Applied For
Coral		Coral Gabl		65-1122406 Not Applicable
3313°	Country USA	33134	USA	5. Certificate of Status Desired
	6. Name and Address of Current R			7. Name and Address of New Registered Agent
BENDER, PAULA S 2555 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES, FL 33134				Address (P.O. Box Number is Not Acceptable)
CORAL GA	ABLES, FL 33134		255	
CityCoral Gables FL 33734				
	named entity submits this statement for to ions of registered agent.	the purpose of changing its r	egistered office or	r registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registared Agent signature required when reinstating) DATE				
Due by May 1, 2006				\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME	SCHWARTZ, GERALD K	☐ Delete	TITLE NAME	Octavio A. verdeja, 5 Change Addition
STREET ADDRESS	1111 LINCOLN ROAD 4TH FLOO	R	STREET ADDRESS	201 Alhambra Circle/Suite 901
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	Miami, FL 33134
TITLE	VC ROVIRA, LOURDES C	Delete	TITLE NAME	☐ Change ■ Addition
NAME STREET ADDRESS	1500 BISCAYNE BLVD #327-K		STREET ADDRESS	Yvonne T. Johnson
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP	33 70 Poinciana Ave
TITLE	SEC	Delete	TITLE	COCONUT Grove, FL 33 Change Addition
NAME	LA VILLA, SILVIA 1013 NW 106 AVE	•	NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	
TITLE	Т	∑ Delete	TITLE	5€ Change
NAME	PARK, DABNEY (BUD)	• •	NAME	Sara B. Herald Change MAddition 2900 Ponce de Leon, 15 Floor, Mail Stog
STREET ADDRESS	2121 PONCE DE LEON SUITE 42	2		Miami, FL 33134 P-15
CHY-SI-ZIP	CORAL GABLES, FL 33134	☐ Deiete	CITY-ST-ZIP	
TITLE Name		□ Derete	TITLE NAME	Yesenia Yerkins
STREET ADDRESS			STREET ADDRESS	811 Venetia Ave
CITY-ST-ZIP			CITY-ST-ZIP	coral Gables, FL 33134
TIPLE		☐ Delete	TITLE NAME	Coccald K. Schwartz
NAME Street Address			STREET ADDRESS	Lincoln Rd. 4th Floor
CITY-ST-ZIP			CITY-ST-ZIP	miami Beach, PL 33140
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				