


**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P03000116362**  
 1. Entity Name  
**BOYS & GIRLS PRESCHOOL #III, INC.**



Principal Place of Business <b>12240 SW 8TH STREET MIAMI, FL 33184</b>	Mailing Address <b>12240 SW 8TH STREET MIAMI, FL 33184</b>
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**DO NOT WRITE IN THIS SPACE**



04302005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>73-1682343</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEDON, IVON  
 14272 S.W. 18TH STREET  
 MIAMI, FL 33175**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LEDON, IVON 14272 S.W. 18TH STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SERRANO, MARLEN 14272 S.W. 18TH STREET MIAMI, FL 33175
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 05/04/05-80097-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/30/05 District Phone # \_\_\_\_\_