

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90015 014 ****70.00

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1. Entity Name
MOTHER'S WORKSHOP INCORPORATED



Principal Place of Business
**THE HERALD COMMUNITY ROOM
2010 NW 150TH AVE
PEMBROKE PINES, FL 33028 US**

Mailing Address
**19008 NW 23 ST
PEMBROKE PINES, FL 33029 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2804587

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALFONSO, CARY
19008 NW 23 ST
PEMBROKE PINES, FL 33029**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM
SOVZA, ROBLYN
838 VISTA MEADOWS DR
WESTON, FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Parla Arcamonte
6400 188th Ave
South West Ranches, FL 33332 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM
SCHWARZ, KARY
18600 SW 1655
PEMBROKE PINES, FL 33029 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Barbara Ahmad
3851 Crestwood Circle
Weston, FL 33331 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM
STOKES, CLAUDIA
5357 SW 38 AVE
FORT LAUDERDALE, FL 33312 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jennifer R. Jaguth
2124 NW 159th Ave
Pembroke Pines, FL 33028 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BM
NOTCHIE, CHERYL
5030 SW 195 TERR
S W RANCHES, FL 33332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Alina Vega
10492 NW 3rd St.
Pembroke Pines, FL 33026 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ALFNSO, CARY
19008 NW 23 ST
PEMBROKE PINES, FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: Jennifer R. Jaguth *J.R. Jaguth* **3/27/06** **954-432-7606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #