

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90001 002 ****61.25

DOCUMENT # N00000002431					
1. Entity Name EARLY LEARNING COALITION OF MIAMI-DADE/MONROE, INC.					
Principal Place of Business 2555 PONCE DE LEON BLVD 5TH FLOOR MIAMI, FL 33134			Mailing Address 2555 PONCE DE LEON BLVD 5TH FLOOR MIAMI, FL 33134 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1122406	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVA-HATCH, MARIA 2555 PONCE DE LEON BLVD. 5TH FLOOR CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <u>Manrara, Maggie</u> Street Address (P.O. Box Number is Not Acceptable) <u>2555 Ponce de Leon Blvd., #500</u> City <u>Coral Gables</u> <u>FL</u> Zip Code <u>33134</u>		
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 <u>Maggie G Manrara</u> <small>Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$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	LC SCHWARTZ, GERALD K 1111 LINCOLN ROAD 4TH FLOOR MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VERDEJA, JR, OCTAVIO A 201 ALHAMBRA CIRCLE, SUITE 901 MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JOHNSON, YVONNE T 3370 POINCIANA AVE COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERALD, SARA B 2800 PONCE DE LEON, 15TH FLR, #P151 MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <u>YESENIA</u> PERKINS, YASONIA 811 VENETIA AVE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perkins, Yesenia				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Maggie G Manrara</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7/10/07</u> <small>Date</small>		<u>305-646-7220</u> <small>Daytime Phone #</small>