2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006423

City-St-Zip:

MIAMI, FL 33156

FILED May 05, 2005 Secretary of State

Entity Name: BET SHIRA EARLY CHILDHOOD CENTER, P.T.A., INC. **New Principal Place of Business: Current Principal Place of Business:** 7500 S.W. 120 STREET MIAMI, FL 33156 **Current Mailing Address: New Mailing Address:** 7500 S.W. 120 STREET MIAMI, FL 33156 FEI Number: 59-2500437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GASSENHEIMER, JAMES D 80 S.W. EIGHTH STREET **SUITE 2700** MIAMI, FL 33130 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FIDANQUE, ANA Name: Name: Address: 10401 SW 92 AVE Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: VD Title: () Delete () Change () Addition GRUSKY, DIANE Name: Name: Address: 11950 SW 73 AVE Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: () Delete Title: () Change () Addition ROLNIF, SUSAN Name: Name: 6790 SW 101 ST Address: Address: City-St-Zip: MIAMI, FL 33159 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition GRASSENHEIMER, PATTY Name: Name: GASSENHEIMER, PATTY 10905 SW 75 CT Address: 10905 SW 75 CT Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

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SIGNATURE: PATRICIA GASSENHEIMER T 05/05/2005