

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 18, 2006
Secretary of State**

DOCUMENT# N02000006423

Entity Name: BET SHIRA EARLY CHILDHOOD CENTER, P.T.A., INC.**Current Principal Place of Business:**7500 S.W. 120 STREET
MIAMI, FL 33156**New Principal Place of Business:****Current Mailing Address:**7500 S.W. 120 STREET
MIAMI, FL 33156**New Mailing Address:**

FEI Number: 59-2500437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GASSENHEIMER, JAMES D
3250 MARY STREET
SUITE 307
COCONUT GROVE, FL 33133 US**Name and Address of New Registered Agent:**

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:**Title: PD () Delete
Name: GASSENHEIMER, PATRICIA
Address: 10905 SW 75 COURT
City-St-Zip: MIAMI, FL 33156Title: VD () Delete
Name: SZOMSTEIN, REBECCA
Address: 7453 SW 125 STREET
City-St-Zip: MIAMI, FL 33156Title: SD () Delete
Name: CAIN, MARNI
Address: 7275 SW 138 STREET
City-St-Zip: MIAMI, FL 33158Title: TD () Delete
Name: BENTOLILA, LEAH
Address: 14840 SW 93 COURT
City-St-Zip: MIAMI, FL 33176**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: ESQUENAZI, BECKY
Address: 7601 SW 150 TERRACE
City-St-Zip: MIAMI, FL 33158

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: PATRICIA GASSENHEIMER

PRES

08/18/2006

Electronic Signature of Signing Officer or Director_____
Date