


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90023 024 \*\*\*\*61.25

<b>DOCUMENT # N02000007422</b> 1. Entity Name <b>BRAIN BUSTERS GIFTED BOOSTER CLUB, INC.</b>					
Principal Place of Business 13001 S.W. 26 STREET MIAMI, FL 33175			Mailing Address P.O. BOX 65-4112 MIAMI, FL 33265		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2603 SW 139 Avenue</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Miami, FL</b>		4. FEI Number <b>61-1426733</b>	
Zip <b>33175</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ABDO-GOMEZ, MAGDA ESQ.</b> <b>13001 S.W. 26 STREET</b> <b>MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent Name <b>Olga Melo</b> Street Address (P.O. Box Number is Not Acceptable) <b>2603 SW 139 Avenue</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33175</b>	
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 <i>Olga Melo</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>1/22/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT <b>ABDO-GOMEZ, MAGDA</b> <b>13001 SW 26 STREET</b> <b>MIAMI, FL 33175</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Melo, Olga</b> <b>2603 SW 139 Avenue</b> <b>Miami, FL 33175</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>ANTONIETA, RAYON</b> <b>13001 SW 26 STREET</b> <b>MIAMI, FL 33175</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>MACET, SUSY</b> <b>13001 SW 26 ST.</b> <b>MIAMI, FL 33175</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: *Olga Melo* **1/22/06**