

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011015

FILED
Apr 30, 2008
Secretary of State

Entity Name: GROWTH OPPORTUNITIES FOR LEARNING AND DEVELOPMENT INC.

Current Principal Place of Business:

11132 PEACHTREE DRIVE
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

11132 PEACHTREE DRIVE
MIAMI, FL 33161

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCE, DEBRA S
11132 PEACHTREE DRIVE
MIAMI, FL 33161 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: ARCE, DEBRA S
Address: 11132 PEACHTREE DRIVE
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: NUNEZ, ELENA
Address: 821 NE 109 STREET
City-St-Zip: BISCAYNE PARK, FL 33161

Title: D () Delete
Name: MISHKIN, SARAH
Address: 1240 NE 153 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: HUNTER, LEE H
Address: 10550 SR 84 #96
City-St-Zip: FORT LAUDERDALE, FL 33324

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA S. ARCE

MRS.

04/30/2008

Electronic Signature of Signing Officer or Director

Date