


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # N94000000197 1. Entity Name SOUTH FLORIDA PRESCHOOL PTA, INC.		
Principal Place of Business P.O. BOX 560772 MIAMI, FL 33156-0772	Mailing Address P.O. BOX 560772 MIAMI, FL 33156-0772	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, NICOLA J 10750 SW 119 STREET MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed 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 May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIGON, SAMANTHA 6700 SW 132 STREET MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FEINSTEIN, JENNIFER 14620 SW 83 PLACE MIAMI, FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRINDLE, MARY 12240 SW 71 CT MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABELLA, ILENE 6150 CHAPMAN FIELD DRIVE MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, NICOLA 10750 SW 119ST MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Nichola J. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/20/05</u> <u>305-389-5926</u> <small>Date Daytime Phone #</small>



01192005 No Chg-NP CR2E037 (1Q/03)

4. FEI Number 65-0426221	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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01/25/05-80104-019 61.25