2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000197

Entity Name: SOUTH FLORIDA PRESCHOOL PTA, INC.

FILED Feb 25, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
533 SAN SERVANDO CORAL GABLES, FL 33143				10811 SW 125 AVENUE MIAMI, FL 33186			
Current Mailing Address:				New Mailing Address:			
P.O. BOX : MIAMI, FL	560772 331560772						
FEI Number: 65-0426221 FEI Number Applied For () FEI Number				mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PETTIGREW, MONICA 533 SAN SERVANDO CORAL GABLES, FL 33143 US				MOOREHEAD, JANET 10811 SW 125 AVENUE MIAMI, FL 33186 US			
	named entity s e of Florida.	submits this statement for th	ne purpose o	of changing i	ts registered o	office or registered agen	t, or both,
SIGNATURE: JANET MOOREHEAD				02/25/2008			
	Electron	ic Signature of Registered	Agent			Date	
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES	TO OFFICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	VPD () JANIS, CATHER 11292 SW 91 T MIAMI, FL 331	ERR.		Title: Name: Address: City-St-Zip:	()) Change()Addition	
Title: Name: Address: City-St-Zip:	SD () MURDOCH, KA' 7990 SW 147 S PALMETTO BA'	ST .		Title: Name: Address: City-St-Zip:	SD (X PINO, TANYIA 5940 SW 116 S CORAL GABLE		
Title: Name: Address: City-St-Zip:	VPD () HERNANDEZ, G 5701 MAGGIOR MIAMI, FL 3314	RE ST		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () ELMSLIE, DINA 8315 SW 153 T PALMETTO BA	ERR.		Title: Name: Address: City-St-Zip:	TD (X HERNANDEZ, A 8420 SW 84TH MIAMI, FL 331	ITERRACE	
Title: Name: Address: City-St-Zip:	PD () PETTIGREW, N 533 SAN SERV CORAL GABLE	ANDO		Title: Name: Address: City-St-Zip:	PD (X MOOREHEAD, 10811 SW 125 MIAMI, FL 331	AVENUE	
Title: Name: Address:	()	Delete		Title: Name: Address:	PPD () PETTIGREW, M 533 SAN SERV		

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.

City-St-Zip: CORAL GABLES, FL 33143

SIGNATURE: ANGIE MR HERNANDEZ TD 02/25/2008

City-St-Zip: