

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90289 018 \*\*\*150.00

**DOCUMENT # P00000059989**

1. Entity Name

**BUILDING BLOCKS DAYCARE AND PRE-SCHOOL, INC.**



Principal Place of Business

**8746 SW 24 STREET  
MIAMI FL 33165**

Mailing Address

**8746 SW 24 STREET  
MIAMI FL 33165**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**65-1035450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JIMENEZ-LINARES, EILEEN  
8746 SW 24 STREET  
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

**FRANCISCA MARQUEZ**

Street Address (P.O. Box Number is Not Acceptable)

**8746 SW 24 STREET**

City

**MIAMI**

**FL**

Zip Code

**33165**

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

*Francisca Marquez*

**FRANCISCA MARQUEZ, PRESIDENT**

**4/6/06**

(Signature, typed or printed name of registered agent and then, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **JIMENEZ-LINARES, EILEEN**  
STREET ADDRESS **8746 SW 24 STREET**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **FRANCISCA MARQUEZ**  
CITY-ST-ZIP **8746 SW 24 STR  
MIAMI, FL 33165**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

*Francisca Marquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/06**

Date

Daytime Phone #

**954-274-8472**