

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90032 018 ***150.00

DOCUMENT # P01000085363

1. Entity Name

**THE GIVING TREE CHRISTIAN LEARNING CENTER AT
DORAL, INC.**



Principal Place of Business

**11402 NW 41 STREET
#107
MIAMI FL 33178**

Mailing Address

**11402 NW 41 STREET
#107
MIAMI FL 33178**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1134002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENDOZA, SILVIA MARIA
11402 NW 41 STREET, BAY 107
MIAMI FL 33178**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MENDOZA, SILVIA MARIA**
STREET ADDRESS **11250 SW 30TH STREET**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **President** ☒ Change ☐ Addition
NAME **Silvia Maria Mendoza**
STREET ADDRESS **9855 NW 27 St**
CITY-ST-ZIP **Doral FL 33172**

TITLE **S** ☐ Delete
NAME **RODRIGUEZ, DAMARIS L**
STREET ADDRESS **9855 NW 27 STREET**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Damaris L. Rodriguez**
STREET ADDRESS **11250 SW 30 St**
CITY-ST-ZIP **Miami FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Silvia M. Mendoza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/04/08 (305)-718-9520

Date

Telephone #