

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000038473

1a Entity Name  
BOYS & GIRLS PRESCHOOL, INC.



Principal Place of Business  
7879 NW 27TH AVE.  
MIAMI, FL 33147

Mailing Address  
7879 NW 27TH AVE.  
MIAMI, FL 33147

**FILED  
May 01, 2006 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0456290	Applied For Not Applicable
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

LEDON, IVON  
14272 S.W. 18TH ST.  
MIAMI, FL 33175

**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

(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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: PSTD  
NAME: LEDON, IVON  
STREET ADDRESS: 14272 S.W. 18TH ST.  
CITY-ST-ZIP: MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4000000552283  
05/15/06-80006-002 150.00

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IN THIS SPACE**

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

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

4/28/06