2008 FOR PROFIT CORPORATION ANNUAL REPORT

	\mathbf{F}	ILED		
May	02,	2008	8:00	am
Seci	retá	ry of	State	9

DOCUMENT # P03000038473 1. Entity Name BOYS & GIRLS PRESCHOOL, INC.					. 05-02-2008 90177 006 ***150.00				
Principal Place of Business Mailing Address				L	1				
7879 NW 27TH AVE. MIAMI, FL 33147 7879 NW 27TH AVE. MIAMI, FL 33147						95273	 	818 (1.18898.4)()	F
Principal Place of Business - No P.O. Box # 3. Mailing Address					-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Number 51-0456			_ 	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate c	f Status Desired		8.75 Add ee Required	
-	6:-Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Aq	ent	
. ===	,	•		Name					
LEDON, IVON 14272 S.W. 18TH ST. MIAMI, FL 33175			Street Address (P.O. Box Number is Not Acceptable)						
1410 0100, 1 12	00110								
				City			FL	Zip Code	
8. The above	named entity submits this statement fo	the purpose of changing its	register	d office or registe	red agent, or hoth	in the State of Flo		miliar with	and accept
	ions of registered agent.	to be because of overlaining the	.09.0.0	oa omoo or rogioto	roo ago iii, or boii	, , , , , , , , , , , , , , , , , , , ,	maa. Tamta	*************	and dooppe
SIGNATURE_									
0.0	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)		DATE		
					i.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11
TITLE	PTSD	☐ Delete	TITL	E				☐ Change	☐ Addition
NAME	LEDON, IVON		NAM	IE .					
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			EET ADDRESS '-ST-ZIP					
	MIAMI, FL 33147	□ p.(.).	-					Chanas	
TITLE . NAME		☐ Delete	TITU NAM					☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE NAME .		☐ Delete	TITLI	ır.				Change	Addition
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP		—	-	'-ST-ZIP					
TITLE NAME		☐ Delete	TITL					Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL					Change	Addition
NAME STREET ADDRESS			NAM						
CITY-ST-ZIP				EET ADDRESS '- ST- ZIP					
TITLE		☐ Delete	TITL					Change	Addition
NAME		D0,000	NAM	i					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	All others and the second			-ST-ZIP					
12. Thereby of	certify that the information supplied with	this filing does not qualify for	r the ex	emptions containe	d in Chapter 119,	Florida Statutes. I	further certif	v that the in	nformation

SIGNATURE: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED