

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90225 016 ***150.00

DOCUMENT # P03000095044

1. Entity Name
BOYS & GIRLS PRESCHOOL #II, INC.



Principal Place of Business
**7510 S.W. 23RD STREET
MIAMI, FL 33155**

Mailing Address
**7510 S.W. 23RD STREET
MIAMI, FL 33155**

94071385



2. Principal Place of Business
7490 SW 23rd Street

3. Mailing Address
7490 SW 23rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004 Chg-P CR2E034 (10/03)

City & State
Miami, FL. 33155

City & State
Miami, FL.

4. FEI Number **54-2123522**

Applied For
Not Applicable

Zip **33165**

Country **Miami-Dade**

Zip **33165**

Country **Miami-Dade**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEDON, IVON
7510 S.W. 23RD STREET
MIAMI, FL 33155**

Name **Velazquez, Nelida**

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

12971 SW 17th Terrace

City **Miami**

FL

Zip Code **33175**

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

Ivon Ledon

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, 2004 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
DEDON, IVON
14272 S.W. 18TH STREET
MIAMI, FL 33175** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
Velazquez, Nelida
12971 SW 17th Terrace
Miami, FL. 33175** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ivon Ledon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/04

Daytime Phone #