2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

ANNOAL REPORT													
DOCUMENT # P0300095044 1. Entity Name BOYS & GIRLS PRESCHOOL #II, INC.										05-02-2008	90176 0	05 ***15	0.00
Principal Place of Business				Mailing Address					400	, -			
7490 SW 23RD STREET MIAMI, FL 33165				7490 SW 23RD STREET MIAMI, FL 33165					1 (22024) (11		1 48 11 2 (4 14) 81	rifa 86fas 61 9 16 818	(78 1 II 18 9 1
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				· · ·					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					04282008	Chg-P	CR2E0	34 (12/06)	
City & State				City & State					4. FEI Numbe 54-212				plied For t Applicable
Zip	Country					Coun	untry			of Status Desired		\$8.75 Add	itional
6. Name and Address of Current Registered Agent									7. Name and	Address of New R	ealstered A	Agent	
Na Na													
LEDON, IVON 7819 NW 27TH AVE MIAMI, FL 33147							Street Address (P.O. Box Number is Not Acceptable)						
							City		*		FL.	Zip Code	
The above named entity submits this statement for the purpose of changing its registered office or register												<u> </u>	
the obligat	tions of regist	y submits this state ered agent:	ment for the l	ourpose o	of changing its	registere	ed office or re	egisteri	ed agent, or bot	h, in the State of Flo	xida. Iam i	iamiliar with,	and accept
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SIGNATURE_	Signature typed	or printed name of registe	rad arrent end title	d englicable	/NOT	F: Danietara	d Agent signature	ramitad	when reinstation)		DATE		
			nijo agom and mo	T approach	. (11011	c. riegistore	n vilani signatiri s	equieu	whomerstang/		UATE		
FIL After Ma	E N OW !!! ay 1, 200	FEE IS \$150. Fee will be	00 \$550.00		ection Campa rust Fund Cont	~	ncing		00 May Be ed to Fees				
10.	•	OFFICER	RS AND DIRE	CTORS		11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	PTSD		•		☐ Delete	TITLE					-	☐ Change	- 🔲 Addition
NAME	LEDON, I					NAM							
STREET ADDRESS City-St-Zip	12218 SW 10 ST						ET ADDRESS						
	MIAMI, FL 33184						-ST-ZIP						
TITLE					☐ Delete	TITLE						Change	Addition
name Street address		•				NAM	ET ADDRESS						
CITY-ST-ZIP							-ST-ZIP						
TITLE					Delete _	mu						Channe -	☐ Addition
NAME	_			-	- 50000 - 1	. NAM					•	creange	
STREET ADDRESS						STRE	ET ADDRESS						
CITY-ST-ZIP						CITY	-ST-ZIP						
TITLE					☐ Delete	TITLE						☐ Change	☐ Addition
NAME CERET ARROSOS						NAM							
STREET ADDRESS CITY-ST-ZIP							ET ADDRESS -ST-ZIP						
TITLE						_							
NAME					☐ Delete	TITLE NAM:						☐ Change	Addition
STREET ADDRESS							ET ADDRESS						
CITY-ST-ZIP							-ST-ZIP						
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NAME	1				•	NAM	E						
STREET ADDRESS	i					emr	CT ADODECE						

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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered be 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 puter like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-08 305-

*305-2*63-7200