

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|                                                            |                                                                                   |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> P04000102433                             |  |
| <b>1. Entity Name</b><br>CIRCLE TIME LEARNING CENTER, INC. |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>202 TOTOLOCHEE DRIVE<br>HIALEAH FL 33010 | <b>Mailing Address</b><br>202 TOTOLOCHEE DRIVE<br>HIALEAH FL 33010 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|



|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |

1st MOORE CR2E034 (10/05)

**4. FEI Number** 42-1637257 ☐ **Applied For**  
☐ **Not Applicable**

|                                                                                                        |
|--------------------------------------------------------------------------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| <b>6. Name and Address of Current Registered Agent</b>                                                 |
| GARCIA, LYSETTE M<br>202 TOTOLOCHEE DRIVE<br>HIALEAH FL 33010                                          |
| <b>7. Name and Address of New Registered Agent</b>                                                     |
| 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                            |
|----------------------------|---------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------|
| <b>TITLE</b>               | <b>PD</b> <input type="checkbox"/> <b>Delete</b>  | <b>TITLE</b>                                          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Add</b> |
| <b>NAME</b>                | GARCIA, LYSETTE M                                 | <b>NAME</b>                                           |                                                                            |
| <b>STREET ADDRESS</b>      | 202 TOTOLOCHEE DRIVE                              | <b>STREET ADDRESS</b>                                 |                                                                            |
| <b>CITY- ST- ZIP</b>       | HIALEAH FL 33010                                  | <b>CITY- ST- ZIP</b>                                  |                                                                            |
| <b>TITLE</b>               | <b>STD</b> <input type="checkbox"/> <b>Delete</b> | <b>TITLE</b>                                          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Add</b> |
| <b>NAME</b>                | OLIVA, JOSE LUIS                                  | <b>NAME</b>                                           |                                                                            |
| <b>STREET ADDRESS</b>      | 202 TOTALACHEE DR                                 | <b>STREET ADDRESS</b>                                 |                                                                            |
| <b>CITY- ST- ZIP</b>       | HIALEAH FL 33010                                  | <b>CITY- ST- ZIP</b>                                  |                                                                            |
| <b>TITLE</b>               | <input type="checkbox"/> <b>Delete</b>            | <b>TITLE</b>                                          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Add</b> |
| <b>NAME</b>                |                                                   | <b>NAME</b>                                           |                                                                            |
| <b>STREET ADDRESS</b>      |                                                   | <b>STREET ADDRESS</b>                                 |                                                                            |
| <b>CITY- ST- ZIP</b>       |                                                   | <b>CITY- ST- ZIP</b>                                  |                                                                            |
| <b>TITLE</b>               | <input type="checkbox"/> <b>Delete</b>            | <b>TITLE</b>                                          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Add</b> |
| <b>NAME</b>                |                                                   | <b>NAME</b>                                           |                                                                            |
| <b>STREET ADDRESS</b>      |                                                   | <b>STREET ADDRESS</b>                                 |                                                                            |
| <b>CITY- ST- ZIP</b>       |                                                   | <b>CITY- ST- ZIP</b>                                  |                                                                            |
| <b>TITLE</b>               | <input type="checkbox"/> <b>Delete</b>            | <b>TITLE</b>                                          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Add</b> |
| <b>NAME</b>                |                                                   | <b>NAME</b>                                           |                                                                            |
| <b>STREET ADDRESS</b>      |                                                   | <b>STREET ADDRESS</b>                                 |                                                                            |
| <b>CITY- ST- ZIP</b>       |                                                   | <b>CITY- ST- ZIP</b>                                  |                                                                            |
| <b>TITLE</b>               | <input type="checkbox"/> <b>Delete</b>            | <b>TITLE</b>                                          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Add</b> |
| <b>NAME</b>                |                                                   | <b>NAME</b>                                           |                                                                            |
| <b>STREET ADDRESS</b>      |                                                   | <b>STREET ADDRESS</b>                                 |                                                                            |
| <b>CITY- ST- ZIP</b>       |                                                   | <b>CITY- ST- ZIP</b>                                  |                                                                            |

**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:** *Lysette Garcia* **2/16/06**