


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000115118					
<b>1. Entity Name</b> THE CHILDREN'S FIRST PRESCHOOL, INC.					
<b>Principal Place of Business</b> 10870 S.W. 113TH PLACE MIAMI, FL 33176			<b>Mailing Address</b> 10870 S.W. 113TH PLACE MIAMI, FL 33176		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1883255	
<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>  SAMAROO, MAUREEN 11990 N. CALUSA CIRCLE DR. MIAMI, FL 33186			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SAMAROO, MAUREEN 12990 N. CALUSA CIRCLE DR. MIAMI, FL 33186	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000758290 05/23/07-80106-012 150.00	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SAMAROO, GERARD 10870 S.W. 113TH PLACE MIAMI, FL 33176	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/30/07</u> Daytime Phone # _____		