## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000123003

Title:

Name:

Address:

City-St-Zip:

SD

( ) Delete

CASTILLO, ELIANA M

10808 LAS SALINAS CIR.

BOCA RATON, FL 33428

FILED Apr 29, 2006 Secretary of State

Entity Name: TEACHERS "R" US, INC. **Current Principal Place of Business: New Principal Place of Business:** 10808 LAS SALINAS CIR. 3273 NW 47TH AVE. BOCA RATON, FL 33428 COCONUT CREEK, FL 33063 **Current Mailing Address: New Mailing Address:** 10808 LAS SALINAS CIR 3273 NW 47TH AVE. BOCA RATON, FL 33428 COCONUT CREEK, FL 33063 FEI Number: 20-1547238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAVEZ, ALTAGRACIA 3273 NW 47TH AVE COCONUT CREEK, FL 33063 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CASTILLO, ELIANA M CHAVEZ, ALTAGRACIA Name: Name: 10808 LAS SALINAS CIR. 3273 NW 47TH AVE. Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: COCONUT CREEK, FL 33063 Title: VD Title: VD (X) Change ( ) Addition () Delete Name: CHAVEZ, ALTAGRACIA Name: ARLETH, DEBORAH 3273 NW 47TH AVE 22898 OXFORD PL Address: Address: COCONUT CREEK, FL 33063 BOCA RATON, FL 33433 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALTAGRACIA CHAVEZ PD 04/29/2006

() Change () Addition