


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # P05000062725	
1. Entity Name CATERPILLAR MONTESSORI SCHOOL, INC.	

Principal Place of Business 251 SW 6TH ST POMPANO BEACH, FL 33060 US	Mailing Address 251 SW 6TH ST POMPANO BEACH, FL 33060 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2766869	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEVELDER Y, PAMELA Y
5223 GATE LAKE ROAD
FORT LAUDERDALE, FL 33319

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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 _____ 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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEVELDER, PAMELA J
STREET ADDRESS	5223 GATE LAKE ROAD
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	D
NAME	CASTRO, TEMPLE J
STREET ADDRESS	5223 GATE LAKE ROAD
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	D
NAME	CASTRO, AMBER C
STREET ADDRESS	5223 GATE LAKE ROAD
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000780085
01/14/08-80008-008 150.00

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.

SIGNATURE: Amber Castro Amber Castro 1/8/08 954-704-2757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #