

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000027135

1. Entity Name
YOLANDA'S GARDEN SCHOOL, INC.



Principal Place of Business
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

Mailing Address
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

FILED
06 MAR 28 PM 2:37
STATE
TALLAHASSEE, FLORIDA



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0410000

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
ALVAREZ, RAMON F
1301 SW 42 AVE
MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
ALVAREZ, YOLANDA
1301 SW 42 AVE
MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Ramon Alvarez
3/28

300069396043
04/04/06--01030--007 **158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon Alvarez
RAMON F ALVAREZ

3-3-06 305-856-0056

Date

Daytime Phone #