


2006 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # P93000027135 1. Entity Name YOLANDA'S GARDEN SCHOOL, INC. |  |
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FILED
06 MAR 28 PM 2: 37
STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | |
|----------------------------------|--|-----------------|
| 02082006 | No Chg-P | CR2E034 (11/05) |
| 4. FEI Number 65-0410000 | Applied For Not Applicable | |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

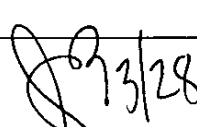
FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

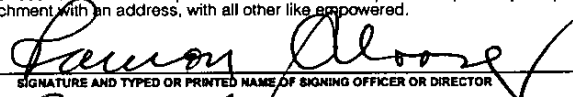
| | | |
|---|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|------------------------------------|

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

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:  Date: 3-3-06 Daytime Phone #: 305-856-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON F ALVAREZ