2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000078280

1. Entity Name

PRECIOUS LITTLE PEOPLE CHRISTIAN PRE-SCHOOL,

FILED Mar 22, 2006 08:00 A Secretary of State

Principal Place of Business

6135 SW 18 ST. MIRAMAR, FL 33023 Mailing Address

6135 SW 18 ST. MIRAMAR, FL 33023



DO NOT WRITE IN THIS SPACE

03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0863873 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSARIO, DELCY 6135 SW 18 ST. MIRAMAR, FL 33023

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	named entity submits this statement for the pitions of registered agent.	urpose of changing its re	egistered office or r	egistered agent, or bo	th, in the State of Florida. I am familia	r with, and accep
SIGNATURE.		applicable. (NOTE.)	Registered Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		U00000476940 04/06/06-80032-009	i50.00	
10.	OFFICĒRŠ AND DĪRĒC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSARIO, RICHARD 700 WEST HALLANDALE BEACH BLVD HALLANDALE, FL 33009			· ·		
TITLE						

DO NOT WRITE IN THIS SPACE

TITLE	PD
NAME	ROSARIO, RICHARD
STREET ADDRESS	700 WEST HALLANDALE BEACH BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VPD
NAME	ABOOD, MARIA ELENA
STREET ADDRESS	700 W. HALLANDALE BEACH BLVD.
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	STD
NAME	ROSARIO, DELCY
STREET ADDRESS	700 W. HALLANDALE BEACH BLVD.
CITY-\$T-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
12. I hereby o	certify that the information supplied with this filing does not qualify for the ex

12. I hereby certify that the information supplied with this filling 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 PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 186-81

Daytime Phone #