

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90171 009 ***158.75

DOCUMENT # **P980000102407**

1. Entity Name

Precious Moments Pre-School, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Precious Moments
Suite, Apt. #, etc.
132A SE 11th Ave.
City & State
Pompano Beach, FL
Zip
33060 Country
Broward

3. Mailing Address

132A SE 11th Ave.
Suite, Apt. #, etc.
Pompano Beach
City & State
FL
Zip
33060 Country
Broward

40086018

CR2E034B (8/05)

4. FEI Number

05-0880720

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cindy Mucciaro

Street Address (P.O. Box Number is Not Acceptable)

733 NW 40th Terr
Deerfield Beach

City

FL

Zip Code

33442

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

owner/director

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
Cindy Mucciaro
733 NW 40th Terr.
Deerfield Beach FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06

Date

Daytime Phone

954-7997

Please let know its plat
we if the

wrong
address?

Returned check?

ATTACHMENT

40086018

98000162407

2971

PRECIOUS MOMENTS PRE-SCHOOL, INC. 05-99
132-A S.E. 11TH AVE.
POMPANO BEACH, FL 33060
PH. 954-785-1007

DATE 3-17-06

PAY TO THE ORDER OF Division of Corporation \$158.75

One hundred and fifty eight dollars & 75/100

Bank of America

ACH R/T 083100277

FOR yearly paid up

63-4/830 FL 1457

AP