

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90109 040 ***150.00

DOCUMENT # P98000102640

1. Entity Name
NANA'S SCHOOLS, INC.



Principal Place of Business
**1010 S FEDERAL HWY
HALLANDALE, FL 33009 US**

Mailing Address
**3000 ISLAND BLVD
APT 1605
AVENTURA, FL 33160 US**

DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3552798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AIKEN, MARIE
~~1010 S FEDERAL HWY~~ **3000 ISLAND BLVD #1605**
~~HALLANDALE, FL 33009~~ **AVENTURA FL 33160**

**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 *Marie Aiken* **MARIE AIKEN, PRES.** 4/2/06
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 **P**
NAME **AIKEN, MARIE**
STREET ADDRESS **1010 S. FEDERAL HIGHWAY**
CITY - ST - ZIP **HALLANDALE, FL 33009**

TITLE **V**
NAME **SHERMAN, JAYNE**
STREET ADDRESS **3000 ISLAND BLVD. #1605**
CITY - ST - ZIP **AVENTURA, FL 33160**

TITLE **S**
NAME **SHERMAN, ALVIN**
STREET ADDRESS **3000 ISLAND BLVD. #1605**
CITY - ST - ZIP **AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *Alvin Sherman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06
Date

305-933-1188
Daytime Phone #