

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000102640 1. Entity Name NANA'S SCHOOLS, INC.	
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Principal Place of Business 1010 S FEDERAL HWY HALLANDALE, FL 33009 US	Mailing Address 3000 ISLAND BLVD APT 1605 AVENTURA, FL 33160 US
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01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 3000 ISLAND BLVD #1605 NORTH MIAMI BEACH, FL 33160
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AIKEN, MARIE 1010 S. FEDERAL HIGHWAY HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERMAN, JAYNE 3000 ISLAND BLVD. #1605 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERMAN, ALVIN 3000 ISLAND BLVD. #1605 AVENTURA, FL 33160
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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 Marie Aiken **MARIE AIKEN** 1/16/08 305-933-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #