

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90020 041 ***150.00

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1. Entity Name

**ADVENTURE BAY EARLY LEARNING CENTER OF
MIRAMAR, INC.**



Principal Place of Business
**10950 PEMBOKE ROAD
MIRAMAR FL 33025**

Mailing Address
**4400 W. SAMPLE RD
#116
POMPANO BEACH FL 33073**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7900 N. University Dr

Suite 203

TAMARAC, FL

33321

USA

1st MOORE

CR2E034 (10/06)

4. FEE Number **65-0918801**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, LENORE S
4400 W. SAMPLE RD
116
COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

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

7900 N. University Dr

Suite 203

City

TAMARAC

FL Zip Code

33321

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, 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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	☐ Delete
PD	GREEN, LENORE S	4400 W. SAMPLE RD., STE 116	COCONUT CREEK FL 33073	
SD	HYATT, CHERYL	10950 PEMBROKE ROAD	MIRAMAR FL 33025	
TD	DALLAS, KAREN	10950 PEMBROKE ROAD	MIRAMAR FL 33025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☒ Change ☐ Addition
		7900 N. University Dr	Suite 203	
		TAMARAC, FL	33321	
		7900 N. University Dr	Suite 203	
		TAMARAC, FL	33321	
		7900 N. University Dr	Suite 203	
		TAMARAC, FL	33321	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lenore S. Green President

Date

Daytime Phone #

4-17-07