
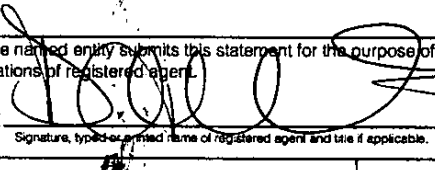
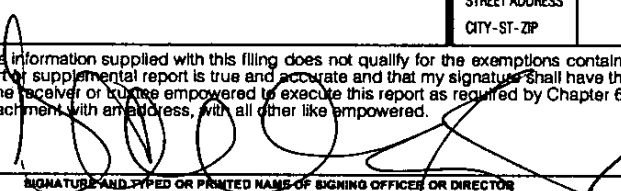


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90041 015 ***150.00

DOCUMENT # P99000111926			
1. Entity Name LE PETIT PAVILLON MONTESSORI CORPORATION			
Principal Place of Business 1021 BIARRITZ DR MIAMI BEACH, FL 33141		Mailing Address 7222 TROUVILLE ESPLANADE MIAMI BEACH, FL 33141	
2. Principal Place of Business 1021 BIARRITZ DR		3. Mailing Address 692 NE 70th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33141		Country DADE	
4. FEI Number 52-2220878		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, DAMARYS M 7222 TROUVILLE ESPLANADE MIAMI, FL 33141		7. Name and Address of New Registered Agent Name ZARLING, DAMARYS M. Street Address (P.O. Box Number is Not Acceptable) 692 NE 70th St. City MIAMI FL Zip Code 33138	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, DAMARYS M 692 NE 70TH STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARLING, DAMARYS M. 692 NE 70th St MIAMI, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 1/18/06 3/607-4338	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

ATTACHMENT

40006667

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

#P99000111926

(STATE FILE NUMBER)

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

STATE OF FLORIDA, COUNTY OF DADE
 THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE OR OF PUBLIC RECORD IN THIS OFFICE. WITNESS MY HAND AND OFFICIAL SEAL.

THIS 24 DAY OF DEC, 20 03
 HARVEY RUVIN, CLERK OF CIRCUIT COURT



BY [Signature] D.C.

2003-027121

BK/PG:

(APPLICATION NUMBER)

418-725 12/24/03

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) TERRY JOHN ZARLING			2. DATE OF BIRTH (Month, Day, Year) JUNE 17, 1960		
3a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI BEACH		3b. COUNTY DADE	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) WI	
5a. BRIDE'S NAME (First, Middle, Last) DAMARYS MERCEDES VAZQUEZ			5b. MAIDEN SURNAME (If different)		6. DATE OF BIRTH (Month, Day, Year) JUNE 14, 1968
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI BEACH		7b. COUNTY DADE	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) CUBA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <u>[Signature]</u>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) DEC 16, 2003
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <u>[Signature]</u>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) DEC 16, 2003
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>

LICENSE TO MARRY

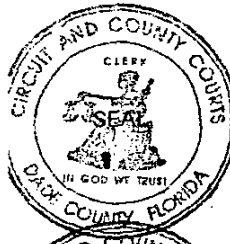
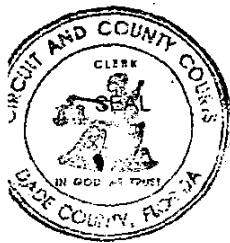
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED DEC 16, 2003	18a. DATE LICENSE EFFECTIVE DEC 19, 2003	19. EXPIRATION DATE FEB 13, 2004
20a. SIGNATURE OF COURT CLERK OR JUDGE HARVEY RUVIN, CLERK		20b. TITLE BY D.C. [Signature]	20c. BY D.C. [Signature]

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 12-24-03	22. CITY, TOWN, OR LOCATION OF MARRIAGE MIAMI BEACH		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <u>[Signature]</u>		23c. ADDRESS (Of person performing ceremony) 1130 WASHINGTON AVE 3349	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY LAWRENCE COLLINS		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	



INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 399-76-0224	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS "YES" TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c	29a. NO. OF THIS MARRIAGE 02	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) APR 03, 2003
	BRIDE	30. SOCIAL SECURITY NUMBER 264-71-5691	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS "YES" TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c	33a. NO. OF THIS MARRIAGE 01	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)