

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80485

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: MIAMI GARDENS INFANT AND PRESCHOOL CENTRE, INC.

**Current Principal Place of Business:**

190 NE 191ST STREET  
BAY 9  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

190 NE 191ST STREET  
BAY 9  
MIAMI, FL 33179

**New Mailing Address:**

FEI Number: 65-0290267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZ, RICK  
190 NE 191 ST  
MIAMI, FL 33179      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FELNER, JAY,  
Address: 4182 LIVE OAK BLVD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: T ( ) Delete  
Name: KATZ, LAURIE,  
Address: 5856 NW 54TH CIRCLE  
City-St-Zip: POMPANO BEACH, FL 33067

Title: S ( ) Delete  
Name: ALEXANDER, CHERRI,  
Address: 3901 CYPRESS LAKE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete  
Name: KATZ, RICK,  
Address: 5856 NW 54TH CIRCLE  
City-St-Zip: POMPANO BEACH, FL 33067

Title: V ( ) Delete  
Name: ALEXANDER, MICHAEL,  
Address: 3901 CYPRESS LAKE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete  
Name: ALEXANDER, CHERRI,  
Address: 3901 CYPRESS LAKE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERRI ALEXANDER

S

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date