

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80485

FILED
Feb 16, 2006
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: VP (X) Change () Addition
Name: ALEXANDER, MICHAEL,
Address: 3901 CYPRESS LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

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 Chapter 119, 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

02/16/2006

Electronic Signature of Signing Officer or Director

_____ Date