

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80485

FILED  
Apr 13, 2010  
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  
Name: FELNER, JAY  
Address: 4182 LIVE OAK BLVD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: T  
Name: KATZ, LAURIE  
Address: 5856 NW 54TH CIRCLE  
City-St-Zip: CORAL SPRINGS, FL 33067

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

Title: VP  
Name: KATZ, RICK  
Address: 5856 NW 54TH CIRCLE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP  
Name: ALEXANDER, MICHAEL  
Address: 3901 CYPRESS LAKE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: CHERRI ALEXANDER

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04/13/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date