

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90367 040 ***158.75



DOCUMENT # V23727

1. Entity Name
CORAL PARK DAY SCHOOL, INC.

Principal Place of Business
**9400 S.W. 16TH STREET
 MIAMI, FL 33165**

Mailing Address
**9400 S.W. 16TH STREET
 MIAMI, FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0325701

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIEGUEZ, MARYSABEL
 325 NW 136 CT
 MIAMI, FL 33182**

Name

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

City

FL

Zip Code

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.)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
DIEGUEZ, MARYSABEL
 STREET ADDRESS **325 NW 136 CT**
 CITY - ST - ZIP **MIAMI, FL 33182**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME **S**
DIEGUEZ, JOSE
 STREET ADDRESS **325 NW 136 CT**
 CITY - ST - ZIP **MIAMI, FL 33182**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME **V**
DIEGUEZ, MICHELLE
 STREET ADDRESS **325 NW 136 CT**
 CITY - ST - ZIP **MIAMI, FL 33182**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Change Addition
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TITLE Delete
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 CITY - ST - ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/30/06

Date

Daytime Phone #