

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L16165

1. Entity Name
**LITTLE WONDERS PRE-SCHOOL & DAY CARE CENTER
INC.**



Principal Place of Business
**%THEODORO ORTIZ
7916 N. HIMES AVE.
TAMPA, FL 33614**

Mailing Address
**%THEODORO ORTIZ
7916 N. HIMES AVE.
TAMPA, FL 33614**



07022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2963268

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTIZ, THEODORO
7916 N. HIMES AVE.
TAMPA, FL 33614**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORTIZ, THEODORO
STREET ADDRESS	7916 N HIMES AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	ORTIZ, EMMA
STREET ADDRESS	7916 N HIMES AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	T
NAME	ORTIZ, EMMA V
STREET ADDRESS	7916 N HIMES AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	S
NAME	ORTIZ, MARIA S
STREET ADDRESS	7916 N HIMES AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000371101
07/07/05-80003-007 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 SIGNING OFFICER OR DIRECTOR

07/05/05 813-932-0253
Date Daytime Phone #