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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L76829** **(5)**

1. Corporation Name
LITTLE PUMPKIN DAY CARE INC.

Principal Place of Business	Mailing Address
% MIGDALIA RODRIGUEZ 11495 NW 88TH CT HIALEAH GARDENS FL 33016	% MIGDALIA RODRIGUEZ 11495 NW 88TH CT HIALEAH GARDENS FL 33018-1965

3. Date Incorporated or Qualified: 05/31/1990
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business	2a. Mailing Address
21 Migdalia Rodriguez	26 Migdalia Rodriguez
Suite, Apt. #, etc. 22 3600 SW 109 AVE	Suite, Apt. #, etc. 27 3600 SW 109 AVE
City & State 23 Miami Fl	City & State 28 Miami Fl
Zip / Country 24 33165 / 25 DADE	Zip / Country 29 33165 / 30 DADE

4. FEI Number: 65-0201088 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, MIGDALIA
11495 NW 88TH CT
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

81 Name: Rodriguez, Migdalia
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3600 SW 109 AVE
84 City: Miami FL 85 Zip Code: 33165

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RODRIGUEZ, MIGDALIA 11495 NW 88TH CT HIALEAH GARDENS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Rodriguez Migdalia 3600 SW 109 AVE Miami Fl 33165	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST RODRIGUEZ, FERNANDO 11495 NW 88TH CT HIALEAH GARDENS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DST Rodriguez Fernando 3600 SW 109 AVE Miami Fl 33165	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: 4/22/97 (305) 826-2825