2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006191

Entity Name: LITTLE STEPS FOUNDATION, INC.

FILED Mar 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

765 WEST 76TH STREET HIALEAH, FL 33014

Current Mailing Address: New Mailing Address:

765 WEST 76TH STREET HIALEAH, FL 33014

FEI Number: 20-0110008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

URQUIOLA, JOAQUIN R GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ & 2121 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FL 33134 US

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:

- Flateria Circulus I Davidoud Acad

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition Name: BOVO, VIVIANA Name:

 Name:
 BOVO, VIVIANA
 Name:

 Address:
 765 WEST 76TH STREET
 Address:

 City-St-Zip:
 HIALEAH, FL 33014
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: GARCIA, ANA M Name: RODRIGUEZ, LILIANA O

 Address:
 2500 SW 99 AVENUE
 Address:
 1855 WEST 60 STREET # 220

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 HIALEAH, FL 33012

Title: D () Delete Title: D (X) Change () Addition Name: PREBA, MARITZA Name: ACOSTA, CHASTITY

Address: 108 VIRGINA ROAD Address: 15495 MIAMI LAKE WAY NORTH # 202

City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: MIAMI LAKES, FL 33014

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIANA BOVO D/P 03/11/2006