

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90032 009 ***150.00

DOCUMENT # P01000053739

1. Entity Name

LITTLE STAR DAY CARE, INC.



Principal Place of Business

30382 OLD DIXIE HIGHWAY
LEISURE CITY FL 33033

Mailing Address

14453 S.W. 285 TERRACE
LEISURE CITY FL 33033

2. Principal Place of Business

30382-86 Old Dixie Highway
Suite, Apt. #, etc.

Mailing Address

30384 Old Dixie Highway
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Homestead FL

City & State

Homestead FL

4. FEI Number

65-1108685

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DIAZ, MARGARITA
14453 S.W. 285 TERRACE
LEISURE CITY FL 33033

7. Name and Address of New Registered Agent

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

Margarita Diaz

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME MARGARITA, DIAZ
STREET ADDRESS 14453 SW 285 TERRACE
CITY-ST-ZIP LEISURE CITY FL 33033

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Margarita Diaz Margarita Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/04

Daytime Phone #

385
246 8808