2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000058356

1. Entity Name
LITTLE STARS CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
4501 GODDARD AVE ORLANDO, FL 32804	4501 GODDARD AVE ORLANDO, FL 32804

03152005 No Chg P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3723681

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANIAPAM, JUSTINA
4501 GODDARD AVE
ORLANDO, FL 32804

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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 (If all Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEASAH, MARTHA
STREET ADDRESS	4501 GODDARD AVE
CITY ST ZIP	ORLANDO, FL 32804
TITLE	V
NAME	ANIAPAM, JUSTINA
STREET ADDRESS	4501 GODDARD AVE
CITY ST ZIP	ORLANDO, FL 32804
TITLE	D
NAME	PEASAH, FLORENCE
STREET ADDRESS	4501 GODDARD AVE
CITY ST ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

100000455585
03/15/06-80062-021 150.00

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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: Martha Peasah Martha Peasah 02/26/06 (407) 578-8868
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR DATE Daytime Phone Number