2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

FILED
Jul 30, 2008 8:00 am
Secretary of State
05-28-2008 90011 003 ***150.00

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

66015680

03012007 No Chg-P CR2E034 (11/05)

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 — Date — Daytime Phone #