6/14/1

FILED
Jul 02, 2004 8:00 am
Secretary of State

06-14-2004 90007 018 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000097347

1. Entity Name

LITTLE SEEDS ACADEMY, INC.

DO NOT WRITE IN THIS SPACE

66429317

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2. Principal Place of Business	3. Mailing Address
10470 SW 40th ST	same as principal
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State:
Zip: 33165 Country: USA	Zip: Country:

4. FEI Number: 32-0092005 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Luis ANCAROLA

Street Address (P.O. Box Number is Not Acceptable)

10470 SW. 40th Street

City: MIAMI FL Zip Code: 33165

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.

SIGNATURE _____ DATE

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P/T
NAME	ANCAROLA, LUIS
STREET ADDRESS	10470 SW 40th ST
CITY-ST-ZIP	Miami, FL. 33165
TITLE	V-P/S
NAME	ANCAROLA, PATRICIA
STREET ADDRESS	10470 SW 40th ST
CITY-ST-ZIP	Miami, FL. 33165

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis A Ancarola Luis Ancarola 6/9/04 (305) 552-5705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #