


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90215 033 \*\*\*150.00

<b>DOCUMENT # P05000032588</b> 1. Entity Name <b>OUR LITTLE DREAM INC</b>					
Principal Place of Business <b>7827 NW 194 ST</b> <b>MIAMI, FL 33015 US</b>			Mailing Address <b>7827 NW 194 ST</b> <b>MIAMI, FL 33015 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>VILLAVICENCIO, MAGDALENA</b> <b>7827 NW 194 STREET</b> <b>MIAMI, FL 33015</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box is not acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Magdalena Villavicencio</i></u> (NOTE: Registered Agent signature required when registering) DATE: <u>04/15/06</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VILLAVICENCIO, MAGDALENA</b> <b>7827 NW 194 STREET</b> <b>MIAMI, FL 33015</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>IRURETA, MARIA CLARA</b> <b>7827 NW 194 STREET</b> <b>MIAMI, FL 33015</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Magdalena Villavicencio</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>01/21/06</u> <small>Date</small>	

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4. FEI Number: **202765690** Applied For: ☐ Not Applicable: ☐

5. Certificate of Filing Desired: ☐ \$8.75 Additional Fee Required