

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90030 039 \*\*\*158.75

<b>DOCUMENT # P05000040218</b> 1. Entity Name <b>LITTLE COLLEGE AT ROYAL OAKS CORP.</b>			
Principal Place of Business <b>15400 NW 77TH CT MIAMI LAKES, FL 33014</b>		Mailing Address <b>P.O. BOX 170363 MIAMI, FL 33017</b>	
2. Principal Place of Business - No P.O. Box # <b>15512-20 NW 77th Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 170363</b> Suite, Apt. #, etc.	
City & State <b>Miami Lakes FL</b>		City & State <b>MIAMI Florida</b>	
Zip <b>33016</b>	Country <b>DADE</b>	Zip <b>33017</b>	Country <b>DADE</b>
4. FEI Number <b>20-2513395</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TORRES, MARISOL 15400 NW 77TH CT MIAMI LAKES, FL 33014</b>		7. Name and Address of New Registered Agent Name <b>Torres, Marisol</b> Street Address (P.O. Box Number is Not Acceptable) <b>15512-20 NW 77th Court</b> City <b>Miami Lakes</b> <b>FL</b> Zip Code <b>33016</b>	
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 <b>Marisol Torres</b> <b>3/24/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PD NAME TORRES, MARISOL STREET ADDRESS 15400 NW 77TH CT CITY-ST-ZIP MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	TITLE PD NAME Torres, Marisol STREET ADDRESS 15512-20 NW 77th Court CITY-ST-ZIP Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Vice President NAME Ramos, Juan Carlos STREET ADDRESS 15512-20 NW 77th Court CITY-ST-ZIP Miami Lakes, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Secretary NAME Torres, Obdulia STREET ADDRESS 15512-20 NW 77th Court CITY-ST-ZIP Miami Lakes, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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: <b>Marisol Torres</b> <b>3/24/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>305 5109869</b> <small>Date Daytime Phone #</small>	