

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90099 019 ***150.00

DOCUMENT # P05000101407

1. Entity Name
LITTLE BUTTONS, INC.



Principal Place of Business
**1303 NW 139 TERRACE
PEMBROKE PINES, FL 33028**

Mailing Address
**1303 NW 139 TERRACE
PEMBROKE PINES, FL 33028**

2. Principal Place of Business
1736 Main Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006

Chg-P

CR2E034 (11/05)

City & State
Weston, FL 33326-3673

City & State

4. FEI Number
20-3174033

Applied For
Not Applicable

Zip
33326-3673

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNOSO, LORRAINE
1303 NW 139 TERRACE
PEMBROKE PINES, FL 33028**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPTS
REYNOSO, LORRAINE
1303 NW 139 TERRACE
PEMBROKE PINES, FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
MARTINEZ, RICARDO
3621 SW 23RD TERRACE
MIAMI, FL 33145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 another like empowered.

SIGNATURE: *Lorraine Reynoso* **Lorraine Reynoso, Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/06

(954) 298-5598

Date

Daytime Phone #