


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90010 012 ***150.00

DOCUMENT # P98000040199	
1. Entity Name LITTLE PEOPLE PRE-SCHOOL AND DAYCARE, INC.	

Principal Place of Business 7020 SW 13 TERR MIAMI, FL 33144	Mailing Address 7020 SW 13 TERR MIAMI, FL 33144
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0832205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARIA ELENA
7020 SW 13 STREET TERR.
MIAMI, FL 33144**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting) 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	PSTD RODRIGUEZ, MARIA ELENA 7020 SW 13 TERRACE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, MERCEDES C 7020 SW 13TERR MIAMI, FL 33144
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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:  **1-5-05** **305-264-5596**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #