

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

01052006 No Chg-P CR2E034 (11/05)

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

**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 changing)

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 PSTD  
NAME RODRIGUEZ, MARIA ELENA  
STREET ADDRESS 7020 SW 13 TERRACE  
CITY-ST-ZIP MIAMI, FL 33144

TITLE V  
NAME PEREZ, MERCEDES C  
STREET ADDRESS 7020 SW 13TERR  
CITY-ST-ZIP MIAMI, FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05

305-264-5596

Date

Daytime Phone #



01052006 No Chg-P CR2E034 (11/05)

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