

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90037 043 \*\*\*150.00

**DOCUMENT # P99000096588**

1. Entity Name  
**LITTLE LAMBS DAYCARE CENTER, INC.**



Principal Place of Business  
**1500 NORTHWEST 35TH STREET  
MIAMI, FL 33142**

Mailing Address  
**1500 NORTHWEST 35TH STREET  
MIAMI, FL 33142**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0959268**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	BURGOS, JUDY L
STREET ADDRESS	1500 NORTHWEST 35TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	PD
NAME	BURGOS, RAMON
STREET ADDRESS	1500 NORTHWEST 35TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	T
NAME	BLANCA, CORREA
STREET ADDRESS	1500 NORTHWEST 35TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	T
NAME	LOPEZ ROSA
STREET ADDRESS	1500 NW 35ST
CITY-ST-ZIP	MIAMI FL 33142
TITLE	S
NAME	LOPEZ ROSA
STREET ADDRESS	1500 NW 35ST
CITY-ST-ZIP	MIAMI FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ramon Burgos* Ramon BURGOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **305-6553929**