2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000096588

1. Entity Name
LITTLE LAMBS DAYCARE CENTER, INC.

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

DO NOT WRITE IN THIS SPACE

03092006 No Chg-P CR2E034 (11/05)

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

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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: Ramon Burgos 3/15/06
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

100000047963L
04/10/06-80013-001 150.00

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	LOPEZ, ROSA
STREET ADDRESS	1500 NW 35 ST.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	S
NAME	LOPEZ, ROSA
STREET ADDRESS	1500 NW 35 ST.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ramon Burgos 3/15/06 305-635-3929
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #