

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT -9 PM 12:01

DOCUMENT # P00000110006

1. Entity Name

Little Grins, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

c/o Herman Moskowitz, CPA

3. Mailing Address

c/o Herman Moskowitz, CPA

Suite, Apt. #, etc.

3850 Hollywood Blvd., Suite 204

Suite, Apt. #, etc.

3850 Hollywood Blvd., Suite 204

DO NOT WRITE IN THIS SPACE

City & State  
Hollywood, FL

City & State  
Hollywood, FL

4. FEI Number

65-1060552

Applied For

Not Applicable

Zip  
33021

Country  
USA

Zip  
33021

Country  
USA

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Herman Moskowitz, CPA

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

3850 Hollywood Blvd., Suite 204

City  
Hollywood

FL

Zip Code  
33021

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

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

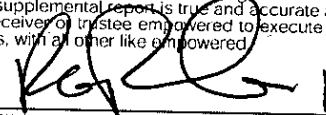
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Bizick, Ronald G., II 3850 Hollywood Blvd., Suite 204 Hollywood, FL 33021	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800008292858 -10/09/02--01077--002 ****550.00 ****550.00
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:



Ronald G. Bizick, II

(954) 983-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #