


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000075788

1. Entity Name
LITTLE EUROPA, INC.



Principal Place of Business
**13655 TAMiami TRAIL
 NORTH PORT, FL 34287**

Mailing Address
**13655 TAMiami TRAIL
 NORTH PORT, FL 34287**

DO NOT WRITE IN THIS SPACE



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4254939

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BABEK, MIRA
 12209 COTORRO AVENUE
 NORTH PORT, FL 34287**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORONIOUK, FAINA
STREET ADDRESS	5654 RIVIERA CT.
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	D
NAME	BABEK, MIRA
STREET ADDRESS	12209 COTORRO AVENUE
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: F. Oroniouk FAINA ORONIOUK 01/08/07 941 4233775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #