

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # M51601 1. Entity Name LITTLE PUB INC.				
Principal Place of Business 351 SW 27 AVE FT LAUDERDALE, FL 33312		Mailing Address 351 SW 27 AVE FT LAUDERDALE, FL 33312		
DO NOT WRITE IN THIS SPACE				
				 05052004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0001716		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SADHAI, JEAN 351 SW 27 AVE FT LAUDERDALE, FL 33312				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>				
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE UD00000160683 05/17/04-80009-007 150.00
TITLE	PD			
NAME	SADHAI, JEAN			
STREET ADDRESS	2790 N.W. 35 AVE.			
CITY- ST- ZIP	FT LAUDERDALE, FL			
TITLE	D			
NAME	RAMBARAN, OLGA			
STREET ADDRESS	9065 W SUNRISE BLVD			
CITY- ST- ZIP	PLANTATION, FL 33322			
TITLE	D			
NAME	CASTLE, FREDERIC			
STREET ADDRESS	716 NW 48 AVE			
CITY- ST- ZIP	PLANTATION, FL 33317			
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>JEAN SADHAI</u> <u>5/17/04</u> <u>954-486-0199</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				