

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90352 039 ***150.00

DOCUMENT # P00000108036

1. Entity Name
LITTLE WHALE, INC.



Principal Place of Business

**105 NE 25 STREET
MIAMI, FL 33137**

Mailing Address

**1521 ALTON ROAD
STE 100
MIAMI, FL 33139**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

105

Suite, Apt. #, etc.

NE 25th STREET

City & State

MIAMI FLORIDA

Zip

33137

Country

USA



04302004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1132972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARIVEL, STEVE
320 NE 23 STREET
MIAMI, FL 33137**

7. Name and Address of New Registered Agent

Name

HARIVEL, STEVE

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

105 NE 25th STREET

City

MIAMI

FL

Zip Code

33137

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/30/04

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 **PS** ☐ Delete
NAME **HARIVEL, STEVE**
STREET ADDRESS **105 NE 25TH ST**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **VT** ☐ Delete
NAME **HARIVEL, LIESEL**
STREET ADDRESS **105 NE 25TH ST**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4/30/04

Date

Daytime Phone #

305/788-0154