

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000060358		
1. Entity Name ELITTLE LUXURIES INC.		
Principal Place of Business 1819 FOROUGH CIRCLE PORT ORANGE, FL 32128		Mailing Address 1819 FOROUGH CIRCLE PORT ORANGE, FL 32128
2. Principal Place of Business 2090 S. Nova Rd Suite, Apt. #, etc. Suite B202 City & State DAYTONA Bch FL		3. Mailing Address 2090 S. Nova Rd Suite, Apt. #, etc. Suite B202 City & State DAYTONA Bch FL
4. FEI Number 01-0729521		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.75 Additional Fee Required <input type="checkbox"/>
6. Name and Address of Current Registered Agent GOLDEN-SESSOMS, CETERIA A (same) 1819 FOROUGH CIRCLE PORT ORANGE, FL 32128		7. Name and Address of New Registered Agent Name 2090 S. Nova Rd State Address (P-Box Number is Not Applicable) Suite B202 City DAYTONA Beach FL Zip 32119
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: 4-29-03
<input type="checkbox"/> 9. Election Campaign Financing Trust Fund Contribution.		<input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PRES <input type="checkbox"/> Delete NAME: GOLDEN-SESSOMS, CETERIA A STREET ADDRESS: 1819 FOROUGH CIR CITY-ST-ZIP: PORT ORANGE, FL 32128	TITLE: Golden-Sessoms, Ceteria A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Golden-Sessoms, Ceteria A STREET ADDRESS: 2090 S Nova Rd CITY-ST-ZIP: DAYTONA BEACH FL 32119	
TITLE: VP <input checked="" type="checkbox"/> Delete NAME: SESSOMS, ROBERT W STREET ADDRESS: 1819 FOROUGH CIR CITY-ST-ZIP: PORT ORANGE, FL 32128	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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)(A), Florida Statutes. I further certify that the information included 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 to this address, with all other like employees.		
SIGNATURE:		Date: 4-29-03

CETERIA Golden-Sessoms
 Contact # (386) 788-0065

80126371



CHECK HERE IF MAKING CHANGES

CHECK HERE (10/02)