

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000133357**

1. Entity Name  
**LITTLE FEET AND MORE, INC.**



Principal Place of Business  
**7216 RED ROAD  
SOUTH MIAMI, FL 33143**

Mailing Address  
**7216 RED ROAD  
SOUTH MIAMI, FL 33143**



09042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0802459</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MANAS, LUISA  
7216 RED ROAD  
SOUTH MIAMI, FL 33143**

**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 Luisa Manas

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

(NOTE: Registered Agent signature required when reinstating)

9/4/07  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>MANAS, LUISA</b>
STREET ADDRESS	<b>7216 RED ROAD</b>
CITY-ST-ZIP	<b>SOUTH MIAMI, FL 33143</b>

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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U00000773426  
09/06/07-80002-015 550.00

**DO NOT WRITE  
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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: Luisa Manas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/07