

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2007
Secretary of State**

DOCUMENT# P05000063445

Entity Name: PETITE WORLD CORP.

Current Principal Place of Business:

9198 NW 112 TERRACE
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

9160 NW 122 STREET
UNIT # 29-30
HIALEAH GARDENS, FL 33018

Current Mailing Address:

9198 NW 112 TERRACE
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 20-2822916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVILLA, MANUEL
9198 NW 112 TERRACE
HIALEAH GARENS, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEVILLA, MANUEL
Address: 9198 NW 112 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: TRE () Delete
Name: SEVILLA, MARIA
Address: 9198 NW 112 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL SEVILLA

P

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date