2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** V06450 1. Entity Name



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MY LITTLI	E WORLD, INC.								
Principal Place of Business 11369 W. FLAGER STREET SUITE C.D.E & F MIAMI FL 33174		Mailing Address 11369 W. FLAGER STREET SUITE C.D.E & F MIAMI FL 33174							
2. Principal F	Place of Business	3. Mailing Address			 	60 (1011511	HI BAN BIRN DI	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (B181) (1981) (1981)
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING	CHANGE	S
City & State		City & State		4. FEI N	umber 65-0306192		 	Applied For Not Applicable	
Zip _	Country	Zip	Count	try		cate of Status Desired		\$8.75 A Fee Requ	
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New I	Registered A	gent	
LOPEZ, HI	ILDA			Name		•			
	FLAGER STREET			Street Address	s (P.O. Box Nu	umber is Not Acceptable	e)		
MIAMI FL			ŀ						
mmara i C	W112		<u> </u>	City			FL	Zip Co	ode
	e named entity submits this statement for	or the purpose of changing	its registere	ed office or registe	ered agent, o	r both, in the State of Fl	orida. I am f	amiliar wit	h, and accept
SIGNATURE		·							
	Signature, typed or printed name of registered agent	and title it applicable. (N	IOTE: Registered	d Agent signature requir	ed when reinstalin	g)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									
Afte	r May 1, 2003 Fee will be \$550.00	f State			9	. Election Campaign Fi Trust Fund Contribution			.00 May Be ed to Fees
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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:

MINGEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #