

FILED

03 APR 14 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P02000052081				
1. Entry Name SMALL WORLD CREATIONS, INC.				
Principal Place of Business 9894 HAMMOCKS BLVD. #102 MIAMI, FL 33196		Mailing Address 9894 HAMMOCKS BLVD. #102 MIAMI, FL 33196		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt., etc. <i>851 Huntington ST</i>		Suite, Apt., etc. <i>851 Huntington ST</i>		
City & State <i>MOUNT CLEMENS MI</i>		City & State <i>MOUNT CLEMENS MI</i>		
Zip <i>48043</i>	Country <i>USA</i>	Zip <i>48043</i>	Country <i>USA</i>	
4. FEI Number <i>32-0019376</i>		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 626 EAST PARK AVE. STE. 200 TALLAHASSEE, FL 32302		7. Name and Address of New Registered Agent		
Name		Name		
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)		
City		City		
FL		FL		
Zip Code		Zip Code		
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		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's name is required when existing)		
				
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	D MITROWSKI, RON	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9894 HAMMOCKS BLVD. #102		NAME	<i>80001754995</i>
STREET ADDRESS	MIAMI, FL 33196		STREET ADDRESS	<i>04/30/03--01032--017 **</i>
CITY-STATE-ZIP			CITY-STATE-ZIP	<i>00.00</i>
TITLE	D MITROWSKI, PATTI	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9894 HAMMOCKS BLVD. #102		NAME	
STREET ADDRESS	MIAMI, FL 33196		STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE	D MITROWSKI, RON	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>851 Huntington ST</i>		NAME	
STREET ADDRESS	<i>MOUNT CLEMENS, MI 48043</i>		STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE	D MITROWSKI, PATTI	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>851 Huntington ST</i>		NAME	
STREET ADDRESS	<i>MOUNT CLEMENS, MI 48043</i>		STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 which I am empowered.				
SIGNATURE: <i>Patricia T. Mitrowski</i>		DATE: <i>2 APR 03</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR		DATE		

SMA050