

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15171

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** LADIES ANNUAL FISHOFF, INC.

**Current Principal Place of Business:**

1581 SW 27 TERRACE  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5779  
LIGHTHOUSE POINT, FL 33074

**New Mailing Address:**

**FEI Number:** 59-2719702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESPREAUX, STEPHANIE  
1581 SW 27 TERRACE  
FORT LAUDERDALE, FL 33312 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DESPREAUX, STEPHANIE  
Address: 1581 SW 27 TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VPD  
Name: WHITE, NICOLE  
Address: 351 SE 8 STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD  
Name: COPENHAVER, TESSA  
Address: 1625 SE 10 AVENUE # 904  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TD  
Name: FLORIO-GARCIA, EVA  
Address: 2723 NE 9 AVE  
City-St-Zip: WILTON MANORS, FL 33305

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE DESPREAUX

PRES

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date