

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90007 043 \*\*\*\*61.25

**DOCUMENT # N37012**

1. Entity Name  
HISTORICAL COSTUME MUSEUM, INC.



Principal Place of Business  
4736 NORTH BAY RD.  
MIAMI BEACH, FL 33140

Mailing Address  
4736 NORTH BAY RD.  
MIAMI BEACH, FL 33140

**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
65-0197690

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

PORTER, EDWARD  
4736 NORTH BAY RD.  
MIAMI BEACH, FL 33140

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
D  
PORTER, SIR EDWARD  
STREET ADDRESS  
4736 NORTH BAY RD  
CITY-ST-ZIP  
MIAMI BEACH, FL 33140

TITLE  
NAME  
D  
PORTER, ANNA L  
STREET ADDRESS  
4736 NORTH BAY RD.  
CITY-ST-ZIP  
MIAMI BCH, FL 33140

TITLE  
NAME  
D  
PORTER, SIR  
STREET ADDRESS  
4738 NORTH BAY  
CITY-ST-ZIP  
MIAMI, FL 33140

TITLE  
NAME  
D  
PORTER, STARR E  
STREET ADDRESS  
70 UPLAND AVE  
CITY-ST-ZIP  
MILL VALLEY, CA 94941

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-06 305-5731971