

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000011835

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** THE SISTERS, CORP.

**Current Principal Place of Business:**

9905 PINES BLVD. FL  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

6015 GARFIELD STREET  
HOLLYWOOD, FL 33024

**New Mailing Address:**

**FEI Number:** 65-0463453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, IRVING J ESQ.  
6015 GARFIELD STREET  
HOLLYWOOD, FL 33024 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: P  
Name: VILARINO, ANTONIO  
Address: 6015 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP  
Name: VILARINO, NILDA E.  
Address: 6015 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: O  
Name: VILARINO, MIRIAM  
Address: 6015 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: S  
Name: VILARINO, CARMEN  
Address: 6015 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: O  
Name: VILARINO, NILDA A  
Address: 6015 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: O  
Name: VILARINO, VILMA V  
Address: 6015 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33024

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

SIGNATURE: ANTONIO VILARINO

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date