
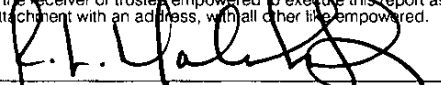


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90028 046 ***158.75

DOCUMENT # 291436 1. Entity Name ST IVES INC FLORIDA			
Principal Place of Business 13449 N.W. 42 AVE. MIAMI, FL 33054-4586		Mailing Address 13449 N.W. 42 AVE. ATTN: CONTROLLER MIAMI, FL 33054-4586	
2. Principal Place of Business - No P.O. Box # 2025 McKinley St. Suite, Apt. #, etc.		3. Mailing Address 2025 McKinley St Suite, Apt. #, etc.	
City & State Hollywood, FL Zip 33020		City & State Hollywood, FL Zip 33020	
4. FEI Number 59-1089469		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03172008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GROHOWSKI, KEN 13449 N.W. 42 AVE MIAMI, FL 33054		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2025 McKinley St. City Hollywood FL Zip Code 33020	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 PD NAME ANGSTROM, WAYNE R <input type="checkbox"/> Delete STREET ADDRESS 13449 N.W. 42 AVE. CITY-ST-ZIP MIAMI, FL 33054-4586	TITLE CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 2025 McKinley St. CITY-ST-ZIP Hollywood, FL 33020	TITLE STD <input type="checkbox"/> Delete NAME MALAKOFF, RACHEL STREET ADDRESS 13449 N.W. 42 AVE. CITY-ST-ZIP MIAMI, FL 33054-4586	
TITLE D <input type="checkbox"/> Delete NAME EDWARDS, BRIAN C STREET ADDRESS 13449 N.W. 42 AVE. CITY-ST-ZIP MIAMI, FL 33054-4586	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 2025 McKinley St. CITY-ST-ZIP Hollywood, FL 33020	TITLE V <input type="checkbox"/> Delete NAME MURPHY, EDWARD STREET ADDRESS 13449 N.W. 42 AVE. CITY-ST-ZIP MIAMI, FL 33054-4586	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE MS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Berkey, Mark STREET ADDRESS 2025 McKinley St. CITY-ST-ZIP Hollywood, FL 33020	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
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 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: 		(954) 920-7300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	