

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81599

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: HIS & HERS BY PETRA, INC.

## Current Principal Place of Business:

1491 N.W. 27TH AVENUE  
MIAMI, FL 33125

## New Principal Place of Business:

## Current Mailing Address:

692 WEST 29 STREET  
#9  
HIALEAH, FL 33012

## New Mailing Address:

1491 N.W. 27TH AVENUE  
MIAMI, FL 33125

FEI Number: 59-2342314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTINEZ, MARTHA  
1491 N.W. 27TH AVENUE  
MIAMI, FL 33125 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTINEZ, MARTHA R  
Address: 1491 NW 27TH AVE.  
City-St-Zip: MIAMI, FL 33125

Title: ST ( ) Delete  
Name: DIAZ, CARLOS  
Address: 1491 NW 27TH AVE.  
City-St-Zip: MIAMI, FL 33125

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTHA MARTINEZ

P

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date