

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

DOCUMENT# N37012

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** HISTORICAL COSTUME MUSEUM, INC.

**Current Principal Place of Business:**

4736 NORTH BAY RD.  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4736 NORTH BAY RD.  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 65-0197690      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

FORSHEE & LOCKWOOD, P.A.  
220 MIRACLE MILE  
SUITE 221  
CORAL GABLES, FL 33134 US

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:** D  
**Name:** PORTER, SIR EDWARD  
**Address:** 4736 NORTH BAY RD  
**City-St-Zip:** MIAMI BEACH, FL 33140

**Title:** D  
**Name:** PORTER, STARR E  
**Address:** 70 UPLAND AVE  
**City-St-Zip:** MILL VALLEY, CA 94941

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: EDWARD PORTER

D

05/04/2010

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

\_\_\_\_\_  
Date