

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37012

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

**Current Principal Place of Business:**

479 NE 30TH STREET  
#903  
MIAMI, FL 33137

**FILED**  
**Apr 26, 2013**  
**Secretary of State**  
**CC0163631367**

**Current Mailing Address:**

479 NE 30TH STREET  
#903  
MIAMI, FL 33137 US

**FEI Number: 65-0197690**

**Certificate of Status Desired: No**

**Name and Address of Current 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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           PORTER, EDWARD SIR  
Address        479 NE 30TH STREET  
                  #903  
City-State-Zip: MIAMI FL 33137

Title           DIRECTOR  
Name           PORTER, STARR E  
Address        2170 JACKSON STREET  
                  #4  
City-State-Zip: SAN FRANCISCO CA 94115

*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: STARR PORTER**

**DIRECTOR**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date