

**2014 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

**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:**

PEDRO M. GALLINAR & ASSOCIATES, P.A.  
6701 SUNSET DRIVE  
SUITE 100  
SOUTH MIAMI, FL 33143 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:** PEDRO GALLINAR

04/22/2014

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**

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date