


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90040 050 ***150.00

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1. Entity Name
 SIROTEX CORSET CORNER, INC.



Principal Place of Business *of Karl Sachs* Mailing Address
~~300 MIRACLE MILE~~ *3675 SW 24th* ~~300 MIRACLE MILE~~
~~CORAL GABLES, FL 33134~~ *MIAMI FL 33145* ~~CORAL GABLES, FL 33134~~

50010101



01272006 No Chg-P CR2E034 (11/05)

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4. FEI Number **59-111552** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SACHS, KARL
 3675 SW 24 ST
 MIAMI, FL 33145

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LURIE, DOLORES
STREET ADDRESS	2843 S. BAYSHORE DR.
CITY-ST-ZIP	COCONUT GROVE, FL
TITLE	D
NAME	LURIE, DOLORES
STREET ADDRESS	2843 S BAYSHORE DR.
CITY-ST-ZIP	COCONUT GROVE, FL
TITLE	S
NAME	BLANK, LINDA
STREET ADDRESS	1516 N 28THA VE
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VP
NAME	LURIE, MELROY
STREET ADDRESS	2843 S ABYSHORE DR
CITY-ST-ZIP	COCONUT GROVE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* **Pres. 2/20/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #