

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90028 045 \*\*\*158.75

DOCUMENT # F01000001586

1. Entity Name  
ST IVES (USA) INC.



Principal Place of Business  
~~13449 NW 42ND AVE~~  
MIAMI, FL 33054

Mailing Address  
~~13449 NW 42ND AVE~~  
MIAMI, FL 33054

40064300



2. Principal Place of Business - No P.O. Box #  
2025 McKinley St.  
Suite, Apt. #, etc.

3. Mailing Address  
2025 McKinley St.  
Suite, Apt. #, etc.

03172008 Chg-P CR2E034 (12/06)

City & State  
Hollywood, FL  
Zip  
33020  
Country

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Hollywood, FL  
Zip  
33020  
Country

4. FEI Number  
39-1651325  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GROHOWSKI, KENNETH  
13449 NW 42ND AVE  
MIAMI, FL 33054

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2025 McKinley St.

City Hollywood FL Zip Code 33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANGSTROM, WAYNE R	
STREET ADDRESS	<del>13449 NW 42ND AVE</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33054</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MALAKOFF, RACHEL	
STREET ADDRESS	<del>13449 NW 42ND AVE</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33054</del>	
TITLE	CD	<input type="checkbox"/> Delete
NAME	EDWARDS, BRIAN	
STREET ADDRESS	<del>13449 NW 42ND AVE</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33054</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2025 McKinley St	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2025 McKinley St	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2025 McKinley St	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 920-7300