

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59003

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** SHOSHANNA'S, INC.

**Current Principal Place of Business:**

C/O ROSA KOPEL  
1351 NE MIAMI GARDENS DR, APT 1504 E.  
NORTH MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

1351 NE MIAMI GARDENS DRIVE  
APT. EAST 1504  
NORTH MIAMI BEACH, FL 33179 US

**Current Mailing Address:**

C/O ROSA KOPEL  
1351 NE MIAMI GARDENS DR APT E-1504  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

1351 NE MIAMI GARDENS DRIVE  
APT. EAST 1504  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 59-2538284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOPEL, ROSA  
1351 NE MIAMI GARDENS DR.  
APT. EAST 1504  
N. MIAMI BEACH, FL 33179 US

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

KOPEL, ROSA  
1351 NE MIAMI GARDENS DRIVE  
APT. EAST 1504  
NORTH MIAMI BEACH, FL 33179 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: ROSA KOPEL

04/27/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: KOPEL, ROSA  
Address: 1351 NE MIAMI GARDENS DR., E., #1504  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPTS (X) Change ( ) Addition  
Name: KOPEL, ROSA  
Address: 1351 NE MIAMI GARDENS DR., #EAST 1504  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA KOPEL

DPTS

04/27/2009

Electronic Signature of Signing Officer or Director

Date