

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54364

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: DRAWSTRING SLIPS, INC.

**Current Principal Place of Business:**

14855 NE 20TH AVE  
N MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

14855 NE 20TH AVE  
N MIAMI, FL 33181

**New Mailing Address:**

FEI Number: 65-0184548      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KLEIN, FRANK  
2623 N. 40TH AVENUE  
HOLLYWOOD, FL 33021      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KLEIN, FRANK  
Address: 2623 N. 40TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: HOFFMAN-KLEIN, CELIA A VP  
Address: 2623 N. 40TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete  
Name: SOLOV, LYNDA S  
Address: 3415 WASHINGTON STREET  
City-St-Zip: COOPER CITY, FL 33026

Title: T ( ) Delete  
Name: RITTER, HONNIE T  
Address: 5203 SW 121ST TERRACE  
City-St-Zip: COOPER CITY, FL 33330

Title: S ( ) Delete  
Name: KLEIN, KAREN  
Address: 7610 STIRLING ROAD APT G-208  
City-St-Zip: HOLLYWOOD, FL 33024

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK KLEIN

P

04/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date