

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90002 002 ***550.00

DOCUMENT # L81654

1. Entity Name

SASSY KAT LINGERIE OF PALM BEACH, INC.



Principal Place of Business

SASSY KAT LINGERIE, INC.
WEST PALM BEACH FL 33415

Mailing Address

% ROBERT W. WYMAN
1705 S. MILITARY TRAIL
WEST PALM BEACH FL 33415



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/08)

4. FEI Number 30-0015052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIIRA, ROY A
1705 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

Name

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

City

FL

Zip Code

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 \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SIIRA, ROY
STREET ADDRESS 4210 WATEWAY DR
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE PDT ☒ Delete
NAME SIIRA, BRUCE
STREET ADDRESS 530 NORTH C ST
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC ☒ Change ☐ Addition
NAME SIIRA Roy A.
STREET ADDRESS 4150 S.W. 13th WAY
CITY-ST-ZIP Okeechobee FLA. 34974.

TITLE S M ☐ Change ☒ Addition
NAME Rikki D. SIIRA
STREET ADDRESS 4150 S.W. 13th WAY
CITY-ST-ZIP Okeechobee FLA. 34974.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Roy A. Siira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy A. Siira

7-17-08 561-968-2028

Date

Daytime Phone #