2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 8:00 am
Secretary of State
02-05-2008 90009 034 ***158.75

DOCUMENT # L91900

1. Entity Name

THE POWDER PUFF, INC.

Principal Place of Business	Mailing Address
~~885 WOOD HAVEN LANE SW VERO BEACH FL 32962 US~~	885 WOOD HAVEN LANE SW VERO BEACH FL 32962 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #: 11401 NW 12th St		3. Mailing Address	
Suite, Apt. #, etc.: Store #118 C/o Dolphin Mall		Suite, Apt. #, etc.	
City & State: Miami, Fl		City & State	
Zip: 33172	Country: USA	Zip	Country

4. FEI Number 22-3063250 ☐ 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
L & I GALLO 1213 SW 120TH WAY DAVIE FL 33325	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 $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUDA, BARRY 5221 KENSINGTON CIRCLE CORAL SPRINGS FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lauda, Barry 885 Wood Haven Lane SW Vero Beach, Fl 32962 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAUDA, CAROLYNN 5221 KENSINGTON CIRCLE CORAL SPRINGS FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lauda, Carolyn 885 Wood Haven Lane SW Vero Beach, Fl. 32962 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barry Lauda Pres. Barry Lauda 1/25/08 772-569-3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #