

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M32587

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: STACI ROSS OF MIAMI, INC.

**Current Principal Place of Business:**

2805 N. STATE RD. #7  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

2805 N. STATE RD. #7  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 59-2693047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FEDERICI, SONDR  
2805 N. STATE RD. #7  
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: VP ( ) Delete  
Name: FEDERICI, SONDR  
Address: 2805 N STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P ( ) Delete  
Name: LEWIN, NAOMI  
Address: 2805 NO. STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: FEDERICI, JAMES  
Address: 2805 NO. STATE RD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: HERNANDEZ, RHONDA  
Address: 2805 NO. STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: LEWIN, CURT  
Address: 2805 NO STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: LEWIN, HARLEY  
Address: 2805 NO STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

**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:

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

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: SONDR FEDERICI

VP

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date