

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005611

FILED
May 01, 2008
Secretary of State

Entity Name: CURLEY'S HOUSE OF STYLE, INC.

Current Principal Place of Business:

6301 NW 7TH AVE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

6301 NW 7TH AVE
MIAMI, FL 33150

New Mailing Address:

FEI Number: 65-1042723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COCHRAN, FAYE
6025 NW 6 COURT
MIAMI, FL 33127 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ELIE, LAVERN
Address: 6301 NW 7TH AVE
City-St-Zip: MIAMI, FL 33150

Title: VP () Delete
Name: WOODARD, TINA
Address: 6025 NW 6 COURT
City-St-Zip: MIAMI, FL 33150

Title: DT () Delete
Name: COCHRAN, FAYE
Address: 6025 NW 6TH COURT
City-St-Zip: MIAMI, FL 33150

Title: CEO () Delete
Name: CROMARTIE, HEIDI
Address: 6025 NW 6 COURT
City-St-Zip: MIAMI, FL 33150

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: RA () Change (X) Addition
Name: SANDRA, GAUSE
Address: 5900 NW 6TH AVE
City-St-Zip: MIAMI, FL 33150

Title: RA () Change (X) Addition
Name: LINDA, FERGERSON
Address: 551 NW 50 ST
City-St-Zip: MIAMI, FL 33127

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVERN ELIE

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date