

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004558

FILED
Apr 27, 2009
Secretary of State

Entity Name: BOOKSHELVES & STEREOS, INC

Current Principal Place of Business:

13732 NW 10TH COURT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

13732 NW 10TH COURT
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 77-0603945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, HUGH A
320 S. FLAMINGO RD
#310
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

MOORE, HUGH A
5722 S. FLAMINGO RD
#375
COOPER CITY, FL 33330 US

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:

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MOORE-CHAMBERS, MICHELLE
Address: 13732 NW 10TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: FLEMING, EBONY
Address: 13732 NW 10TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SEC () Delete
Name: NICOLAS, METSUKA
Address: 145 NE 191ST
City-St-Zip: MIAMI, FL 333169

Title: TRES () Delete
Name: NICOLE, MOORE
Address: 13732 NW 10TH COURT
City-St-Zip: PEMBROKE PINES, FL 333028

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:

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: MICHELLE MOORE

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date