2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90288 027 ****61.25

DOCUMENT # N04000001865

1. Entity Name
SISTERS TO SISTERS INC

50023509

02272005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
1683 NW 60 AVENUE VILLA C SUNRISE, FL 33313	1683 NW 60 AVENUE VILLA C SUNRISE, FL 33313

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	10120 SW 15th PL Suite, Apt. #, etc.
City & State	City & State: DAVIE FL
Zip / Country	Zip: 33324 / Country: BROWARD

4. FEI Number: 20-0773791 ☐ 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
ASIAMIGBE, MARY ANN 1683 NW 60 AVENUE VILLA C SUNRISE, FL 33313	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ASIAMIGBE, MARY ANN 1683 NW 60 AVENUE VILLA C SUNRISE, FL 33313	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Idania Jolie 10120 SW 15th PL Davie FL 33324	☐ Change ☒ Addition VP/TR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Rhonda LaLlouz Po Box 460946 Ft Lauderdale, FL 33346	☐ Change ☒ Addition Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Dana Jolie 10120 SW 15th PL Davie FL 33324	☐ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Idania Jolie 2/01/05 9546821061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #