

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001865

FILED  
Jul 16, 2006  
Secretary of State

Entity Name: SISTERS TO SISTERS INC

## Current Principal Place of Business:

1683 NW 60 AVENUE  
VILLA C  
SUNRISE, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

10120 SW 15TH PL  
DAVIE, FL 33324

## New Mailing Address:

FEI Number: 20-0773791      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:

## Name and Address of New Registered Agent:

ASIAMIGBE, MARY ANN  
1683 NW 60 AVENUE  
VILLA C  
SUNRISE, FL 33313 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ASIAMIGBE, MARY ANN  
Address: 1683 NW 60 AVENUE VILLA C  
City-St-Zip: SUNRISE, FL 33313

Title: VT ( ) Delete  
Name: JOLIE, IDANIA  
Address: 10120 SW 15TH PL  
City-St-Zip: DAVIE, FL 33324

Title: S ( ) Delete  
Name: LALLOUZ, RHONDA  
Address: PO BOX 460940  
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: D ( ) Delete  
Name: JOLIE, DANA  
Address: 10120 SW 15TH PL  
City-St-Zip: DAVIE, FL 33324

## 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 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: IDANIA JOLIE

VT

07/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date