

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90048 008 ****61.25

DOCUMENT # N04000005472

1. Entity Name
THE WOMEN STARS, INC.



Principal Place of Business
**827 VILAGE DR
BROOKSVILLE, FL 34601**

Mailing Address
**20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1194996

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

**THE HOGAN LAW FIRM, LLC
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **P**
STREET ADDRESS **BOLES, FLO**
CITY-ST-ZIP **827 VILLAGE DR
BROOKSVILLE, FL 34601** ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VP**
STREET ADDRESS **MANUAL, BUTHANN**
CITY-ST-ZIP **23255 TURKEY TROT LANE
BROOKSVILLE, FL 34601** ☐ Delete

TITLE
NAME **VP SHEILA COLLETTI** ☒ Change ☐ Addition
STREET ADDRESS **9254 SCEPTER AVE**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE
NAME **T**
STREET ADDRESS **PALMERI, ARLENE**
CITY-ST-ZIP **2106 WATERVIEW TERR
SPRING HILL, FL 34606** ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **S**
STREET ADDRESS **RUSHING, MIA**
CITY-ST-ZIP **6062 SOFFEL DR
BROOKSVILLE, FL 34602** ☐ Delete

TITLE
NAME **SECRETARY** ☒ Change ☐ Addition
STREET ADDRESS **EVA MORTAK**
CITY-ST-ZIP **9838 SCEPTER AVE
BROOKSVILLE FL 34613**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **ARLENE PALMERI** *Arlene Palmeri* *Treas.* *2/19/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #