

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000010569

1. Entity Name
SISTA AH TALK !!!, INC.



Principal Place of Business
**8400 NW 32 CT.
MIAMI, FL 33147-3904**

Mailing Address
**8400 NW 32 CT.
MIAMI, FL 33147-3904**



05132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1054677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEARD, KIM V
8400 NW 32 CT.
MIAMI, FL 33147-3904**

**DO NOT WRITE
IN THIS SPACE**

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 September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITEHEAD, MARY S
STREET ADDRESS	760 NW 199 ST.
CITY- ST- ZIP	MIAMI, FL 33169

TITLE	V
NAME	HEARD, KIM V
STREET ADDRESS	8400 N.W. 32 CT.
CITY- ST- ZIP	MIAMI, FL 33147

TITLE	ST
NAME	HEARD, KIM V
STREET ADDRESS	8400 NW 32 CT.
CITY- ST- ZIP	MIAMI, FL 33147

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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06/04/08-80022-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Kim V. Heard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.12.08 *305.835.7346*
Date Daytime Phone #