

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008814

FILED
Apr 19, 2008
Secretary of State

Entity Name: THE SHE MARKET INC.

Current Principal Place of Business:

3049 LA MIRAGE DR.
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

PO BOX 450514
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 65-1289401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELL, CARLA H
3049 LA MIRAGE DR.
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: BELL, CARLA H
Address: 3049 LA MIRAGE DR
City-St-Zip: LAUDERHILL, FL 33319

Title: VPD () Delete
Name: BELL, EDWINA
Address: 12360 NW 25TH ST
City-St-Zip: PLANTATION, FL 33323

Title: SD () Delete
Name: ELLIOTT, GWEN
Address: 1750 NW 26TH TERR
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TD () Delete
Name: JOSEPH, LAMINDY
Address: 1230 WEEPING WILLOW WAY
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BELL, EDWINA
Address: 1201 NW 75TH TERR
City-St-Zip: PLANTATION, FL 33313

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: CARLA H. BELL

PD

04/19/2008

Electronic Signature of Signing Officer or Director

Date