

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010327

Entity Name: RED ROSE SISTERS, INC.

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

7932 PLANTATION BLVD
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

7932 PLANTATION BLVD
MIRAMAR, FL 33025

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, BRENDA
7932 PLANTATION BLVD
MIRAMAR, FL 33025 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: P () Delete
Name: WASHINGTON, BRENDA
Address: 7932 PLANTATION BLVD
City-St-Zip: MIRAMAR, FL 33025

Title: VP () Delete
Name: CHIPMAN, ARVA
Address: 1945 NW 171 STREET
City-St-Zip: MIAMI, FL 33055

Title: S () Delete
Name: CAMPBELL, THOMASENA
Address: 19520 NW 23 CT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: T () Delete
Name: RAYFORD, CARNETTA
Address: 9580 ENCINO STREET
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CHIPMAN, ARVA
Address: 1945 NW 171 STREET
City-St-Zip: MIAMI GARDENS, FL 33056

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

Title: T (X) Change () Addition
Name: BASS, LINDA R
Address: 18101 NW 32 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

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: VICE PRESIDENT, ARVA L. CHIPMAN

MRS

02/26/2007

Electronic Signature of Signing Officer or Director

Date