


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90044 001 ****70.00

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1. Entity Name
S.I.S.T.A.H.S TODAY INC



Principal Place of Business
**18335 N.W. 44TH PLACE
 OPA LOCKA, FL 33055**

Mailing Address
**18335 N.W. 44TH PLACE
 OPA LOCKA, FL 33055**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03282007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
71-1015203

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TRAMEL, ALECIA M
 18335 N. W. 44TH PLACE
 OPA- LOCKA, FL 33055**

7. Name and Address of New Registered Agent

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, 2007**

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

TITLE P	<input type="checkbox"/> Delete
NAME TRAMEL, ALECIA M	
STREET ADDRESS 18335 NW 44TH PLACE	
CITY-ST-ZIP OPA-LOCKA, FL 33055	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Alecia M. Tramel	
STREET ADDRESS 18335 NW 44th place	
CITY-ST-ZIP Miami, FL 33055	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Althea M. McMillan	
STREET ADDRESS 10371 S.W. 152nd Street	
CITY-ST-ZIP Miami, FL 33055	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Arlington Ferguson Sr.	
STREET ADDRESS 3110 N.W. 211 St.	
CITY-ST-ZIP Miami Gardens, FL 33056	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Sebrina Davis	
STREET ADDRESS 6531 N.W. 14th Ct.	
CITY-ST-ZIP Miami, FL 33147	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Alecia M. Miller	
STREET ADDRESS 1732 N.W. 75th St.	
CITY-ST-ZIP Miami, FL 33147	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Alecia M. Tramel **3-29-07 786-973-6494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #