2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N06000011473

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 71-1015203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRAMEL, ALECIA M
18335 N. W. 44TH PLACE
OPA- LOCKA, FL 33055 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: TRAMEL, ALECIA M
Address: 18335 NW 44TH PLACE
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: MCMILLAN, ALTHEA M
Address: 10371 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: FERGUSON JR, ARLINGTON
Address: 3110 N.W. 211 ST
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete
Name: DAVIS, SEBRINA
Address: 6531 N.W. 14TH CT
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: MILLER, ALESIA M
Address: 1732 N.W. 75TH CT
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ALECIA M.TRAMEL PD 05/05/2008
Electronic Signature of Signing Officer or Director — Date