

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011482

FILED
Apr 23, 2008
Secretary of State

Entity Name: PERFECT POISE BY TONJE', INC.

Current Principal Place of Business:

21120 NW 28TH CT
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

21120 NW 28TH CT
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 20-5815311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUNNALLY, TONJA
21120 NW 28TH CT
MIAMI GARDENS, FL 33056 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: NUNNALLY, TONJA
Address: 21120 NW 28TH CT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SD () Delete
Name: WILLIAMS, ROSALINE
Address: 21120 NW 28TH CT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: TD () Delete
Name: CONWAY, TRUDY
Address: 520 NW 69TH ST
City-St-Zip: MIAMI, FL 33150

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:

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: TONJA NUNNALLY

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date