

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90006 042 \*\*\*\*70.00

<b>DOCUMENT # N07000006797</b> 1. Entity Name <b>THE LEADING LADIES OF ELEGANCE INC.</b>					
Principal Place of Business <b>17520 NW 43RD ROAD MIAMI GARDENS, FL 33055</b>			Mailing Address <b>17520 NW 43RD ROAD MIAMI GARDENS, FL 33055 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BROWN, CATHERINE C BROWN 17520 NW 43RD ROAD MIAMI GARDENS, FL 33055</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reactivating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BROWN, CATHERINE C 17520 NW 43RD ROAD MIAMI GARDENS, FL 33055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Program Director Betty King 3535 NW 213 St Coral Gables FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOEL, LATOYA J BROWN 17520 NW 43RD ROAD MIAMI GARDENS, FL 33055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Program Coordinator Sharon Lewis 17600 NW 5 Ave apt 908 Miami Gardens FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, LATRICE A 3375 NW 195TH TERR MIAMI GARDENS, FL 33055		_____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		_____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		_____		
TITLE 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.					
<b>SIGNATURE:</b> <u>Catherine Cook Brown</u> <b>Catherine Cook Brown</b> 2/24/08 3056253737					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					