

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006797

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** THE LEADING LADIES OF ELEGANCE INC.

**Current Principal Place of Business:**

17520 NW 43RD ROAD  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

17520 NW 43RD ROAD  
MIAMI GARDENS, FL 33055 US

**New Mailing Address:**

17520 NW 43RD ROAD  
MIAMI GARDENS, FL 33055

**FEI Number:** 56-2667289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, CATHERINE C BROWN  
17520 NW 43RD ROAD  
MIAMI GARDENS, 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: PCEO ( ) Delete  
Name: BROWN, CATHERINE C  
Address: 17520 NW 43RD ROAD  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP ( ) Delete  
Name: NOEL, LATOYA J BROWN  
Address: 17520 NW 43RD ROAD  
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: VP ( ) Delete  
Name: THOMAS, LATRICE A  
Address: 3375 NW 195TH TERR  
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: PD ( ) Delete  
Name: KING, BETTY  
Address: 3537 NW 213 ST  
City-St-Zip: OPA LOCKA, FL 33056

Title: PC ( ) Delete  
Name: LEWIS, SHARON  
Address: 17600 NW S AVE APT 908  
City-St-Zip: MIAMI, FL 33169

**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: CATHERINE C. BROWN

PCEO

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date