

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N07000009163

Entity Name: SPARKLES ENTERPRISE, INC.

Current Principal Place of Business:

8792 S.W. 213TH LANE
CUTLER BAY, FL 33189

New Principal Place of Business:

Current Mailing Address:

8792 S.W. 213TH LANE
CUTLER BAY, FL 33189

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKHAM, CATHERINE D
892 S.W. 213TH LANE
CUTLER BAY, FL 33189 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: P () Delete
Name: MCKHAM, CATHERINE D
Address: 8792 S.W. 213TH LANE
City-St-Zip: CUTLER BAY, FL 33189

Title: V () Delete
Name: CLARK, LISSETTE
Address: 8953 S.W. 212TH LANE
City-St-Zip: CUTLER BAY, FL 33189

Title: T () Delete
Name: ROSALEZ, NELDA
Address: 1442 N.W. 20TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Delete
Name: CLARK, BRYAN
Address: 8953 S.W. 212TH LANE
City-St-Zip: CUTLER BAY, FL 33189

Title: D (X) Delete
Name: GOMEZ, MANUEL
Address: 1980 SOUTH OCEAN DRIVE, SUITE 3F
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Delete
Name: MAINIERI, RAMON
Address: 15825 S.W. 252ND STREET
City-St-Zip: MIAMI, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MCKHAM-GILKES, CHRISTOPHER
Address: 8792 S.W. 213TH LANE
City-St-Zip: CUTLER BAY, FL 33189

Title: D (X) Change () Addition
Name: MCKHAN, ORANDE
Address: 3909 RESERVE DRIVE SUITE 635
City-St-Zip: TALLAHASSEE, FL 32311

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 D MCKHAM

P

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date