

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15171

FILED
Apr 27, 2009
Secretary of State

Entity Name: LADIES ANNUAL FISHOFF, INC.

Current Principal Place of Business:

2243 NE 25TH STREET
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

1581 SW 27 TERRACE
FORT LAUDERDALE, FL 33312

Current Mailing Address:

P.O. BOX 5779
LIGHTHOUSE POINT, FL 33074

New Mailing Address:

FEI Number: 59-2719702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEALY, ROBERTA
1011 NW 7TH STREET
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

DESPREAUX, STEPHANIE
1581 SW 27 TERRACE
FORT LAUDERDALE, FL 33312 US

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: STEPHANIE DESPREAUX

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEALY, ROBERTA
Address: 1011 NW 7TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: VPD () Delete
Name: LEACH, MIKE
Address: 2243 NE 25 STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD () Delete
Name: LANGDON, KATRINA
Address: 1075 NW 6 AVE
City-St-Zip: BOCA RATON, FL 33432

Title: TD () Delete
Name: SINCLAIR, CASEY
Address: 1750 NE 23RD AVE.
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DESPREAUX, STEPHANIE
Address: 1581 SW 27 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VPD (X) Change () Addition
Name: WHITE, NICOLE
Address: 351 SE 8 STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD (X) Change () Addition
Name: COPENHAVER, TESSA
Address: 1625 SE 10 AVENUE # 904
City-St-Zip: FORT LAUDERDALE, FL 33316

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: STEPHANIE DESPREAUX

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date