


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90401 049 ***150.00

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| DOCUMENT # P00000012959 1. Entity Name STEPHANIE'S, INC. |  |
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| Principal Place of Business 520 NW 49 STREET MIAMI, FL 33127 | Mailing Address 520 NW 49 STREET MIAMI, FL 33127 |
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DO NOT WRITE IN THIS SPACE

02252008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1099813 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent JEUDY, MILDRENE 520 NW 49 STREET MIAMI, FL 33127 |
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**DO NOT WRITE
IN THIS SPACE**

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 Mildrene Jeudy (NOTE: Registered Agent signature required when reinstating) DATE 4/24/08

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JEUDY, MILDRENE 520 NW 49 STREET MIAMI, FL 33127 |
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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 607, 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.

SIGNATURE: Mildrene Jeudy DATE 4/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR