


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000099388 1. Entity Name CIARA'S, INC.	
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Principal Place of Business 615 CHANNELSIDE DR STE 114B TAMPA, FL 33602	Mailing Address 615 CHANNELSIDE DR STE 114B TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3715424	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWLON, TIMOTHY
12146 CURLEY RD.
PO BOX 907
SAN ANTONIO, FL 33576

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYT, CHARLOTTE 615 CHANNELSIDE DR STE 114B TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, BEATRIZ 615 CHANNELSIDE DR STE 114B TAMPA, FL 33602
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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: *Charlotte C Keyt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 386-986-8550
Date Daytime Phone #