


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P03000037284 1. Entity Name SHIRLEY SMALL ORIGINALS, INC. |  |
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| Principal Place of Business 1230 SO. DIXIE HWY CORAL GABLES FL 33146 | Mailing Address 1230 SO. DIXIE HWY CORAL GABLES FL 33146 |
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| 2. Principal Place of Business - No P.O. Box # State, Apt #, etc. | 3. Mailing Address State, Apt #, etc. |
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1st MOORE CR2E034 (10/07)

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| City & State Zip Country | City & State Zip Country | 4. FEI Number 65-1118729 | Applied For <input type="checkbox"/> 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 SMALL, BRU 11761 SW 172 STREET MIAMI FL 33177 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____

(Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent must be registered with current year.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE D <input type="checkbox"/> Delete NAME SMALL, BRU STREET ADDRESS 11761 SW 172 STREET CITY-ST-ZIP MIAMI FL 33177 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/06/08-80021-002-150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Bru Small** 2/18/08 305 665-3765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, Year