2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # P03000081162 1. Entity Name 2 SISTERS, INC.							Secr	etary	oi St	ate
Principal Place 1580 N.W. 2 MIAMI, FL 3		1	ล์ใหกg Address 580 N.W. 29TH ST. IAMI, FL 33142							
2. Principal F	Place of Business _	3.	Mailing Address		 ;-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	,		.,	#1##()(1# #)
City & State			City & State			03312005	Chg-P er	CHZEO	034 (10/03)	oplied For
	-		Zip	Coun	A	38-370			No	ot Applicable
Zip Country						<u> </u>	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current i			tered Agent	Name	7. Name and	Address of New R	egistered a	Agent		
GORDON, 1580 N.W. MIAMI, FL	. 29TH ST	• -			[(P.O. Box Numb	er is Not Acceptable	;)		
					City			FL	Zip Cod	le .
8. The above	named entity submits this st	atement for the p	urpose of changing its	register	ļ <u> </u>	ered agent, or bo	th, in the State of Flo		•	
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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinitating): DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing STrust Fund Contribution.						.00 May Be ded to Fees	<u></u>			
10.	~ ~ ~ ~ ~ ~	ERS AND DIREC	TORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, <u>EL</u> LEN 1580 N.W. <u>29</u> TH ST. MIAMI, FL 33142		□ Delete		í				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SILVERMAN, RUTHANI 1580 N.W. 29TH ST. MIAMI, FL 33142	V	☐ Delete		')		1100000 05/03/05-	352213 80019-	¦□ Change -003 15	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	- 1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delète						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		∟ Delete	CITY-	et address et-zip				☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), Florida Statutes. I further certify that the information indicated on this report or supplemental report is fug 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.										