

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161385

FILED
Apr 13, 2009
Secretary of State

Entity Name: TIMELESS LIFESTYLE CONCEPTS, INC.

Current Principal Place of Business:

2665 NE 26TH AVE.
FT. LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2665 NE 26TH AVE.
FT. LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 20-2006591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASCAIS, AMILCAR
2665 NE 26TH AVE.
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASCAIS, AMILCAR
Address: 2665 NE 26TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VPD () Delete
Name: ALLEN, CHRISTINA
Address: 101425 OVERSEAS HWY, PMP #919
City-St-Zip: KEY LARGO, FL 33037

Title: STD () Delete
Name: CASCAIS, TONKA
Address: 2665 NE 26 AVE
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: ALLEN, CHRISTINA
Address: 99611 OVERSEAS HWY, PMP #112
City-St-Zip: KEY LARGO, FL 33037

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMILCAR CASCAIS

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date