2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156467

Entity Name: DOCTOR CLOSET OF MIAMI INC

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ST 23RD AVE. , FL 33016	, SUITE 7			
Current Mailing Address:			New Mailing Address:		
	/ 154TH STRE	ET			
348 MIAMI LA	KES, FL 3301	6			
FEI Numbe	r: 20-3853153	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	ODALYS / 154TH STRE	ET			
MIAMI LA	KES, FL 3301	3 US			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	ampaign Financir	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	ARBELO, ODA) Delete LYS	Title: Name:	() Change () Addition	

 Name:
 ARBELO, ODALYS
 Name:

 Address:
 8004 N W 154TH STREET #348
 Address:

 City-St-Zip:
 MIAMI LAKES, FL 33016
 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: ODALYS ARBELO P 03/04/2009