

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023901

FILED
Mar 02, 2009
Secretary of State

Entity Name: CITY SISTERS BOUTIQUE, INC.

Current Principal Place of Business:

2672 TAMIAMI TRAIL
PORT CHARLOTTE, FL 339525129 US

New Principal Place of Business:

Current Mailing Address:

2672 TAMIAMI TRAIL
PORT CHARLOTTE, FL 339525129 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINACKER, SUEANNE
2672 TAMIAMI TRAIL
PORT CHARLOTTE, FL 339525129 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: P () Delete
Name: STEINACKER, SUEANNE
Address: 2672 TAMIAMI TRAIL NW
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP () Delete
Name: PEREIRA, LESLIE G
Address: 342 SPRINGLAKE BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: STEINACKER, GREGG
Address: 2672 TAMIAMI TR
City-St-Zip: PORT CHARLOTTE, FL 33952

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: SUEANNE STEINACKER

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date