


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90017 031 \*\*\*158.75

<b>DOCUMENT # P06000111042</b> 1. Entity Name <b>SISTER'S STUDIO, INC.</b>						
Principal Place of Business <b>1209 S.E. 11TH COURT FORT LAUDERDALE FL 33316 US</b>			Mailing Address <b>1209 S.E. 11TH COURT FORT LAUDERDALE FL 33316 US</b>			
2. Principal Place of Business - No P.O. Box # <b>One Financial Plaza</b> Suite, Apt. #, etc. <b>Suite 140</b> City & State <b>Fort Lauderdale, FL.</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip <b>33394</b> Country <b>Broward</b>				
4. FEI Number <b>26-0360731</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>WALTERS, ANDREA 1209 S.E. 11TH COURT FORT LAUDERDALE FL 33316</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 <u><i>Andrea Walters</i></u> (NOTE: Registered Agent signature required when reinstating) DATE						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT D WALTERS, ANDREA 1209 S.E. 11TH COURT FORT LAUDERDALE FL 33316		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS D KASS, ALYSON 2924 PORT ROYALE LANE FT. LAUDERDALE FL 33308		<input type="checkbox"/> Delete	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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #