

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000135816

1. Entity Name
SISTERS ALOHA, INC.



Principal Place of Business
2450 NE 135TH STREET #1009
NORTH MIAMI, FL 33181

Mailing Address
2450 NE 135TH STREET #1009
NORTH MIAMI, FL 33181



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0467845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, ANDREA M
2450 NE 135TH STREET #1009
NORTH MIAMI, FL 33181

DO NOT WRITE
IN THIS SPACE

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000788479
01/18/08-80043-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, ANDREA M
STREET ADDRESS	2450 NE 135TH STREET #1009
CITY- ST- ZIP	NORTH MIAMI, FL 33181
TITLE	V
NAME	SMITH, JENNIFER N
STREET ADDRESS	2450 NE 135TH STREET #1009
CITY- ST- ZIP	NORTH MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jennifer N. Smith* JENNIFER N. SMITH

1-15-08 305-970-0503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #