

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008960

Entity Name: STREET ELEMENTS MAGAZINE, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

3902 E. POWHATTAN  
TAMPA, FL 33610

## New Principal Place of Business:

## Current Mailing Address:

3902 E. POWHATTAN  
TAMPA, FL 33610

## New Mailing Address:

FEI Number: 51-0606315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOVETT, FOSTER  
400 E. MLK BLVD., SUITE 108  
TAMPA, FL 33603 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: DP ( ) Delete  
Name: MARTHA, CHARLES  
Address: 3902 E. POWHATTAN  
City-St-Zip: TAMPA, FL 33610

Title: VP ( ) Delete  
Name: CAMPBELL, KIANTE  
Address: 3902 E. POWHATTAN  
City-St-Zip: TAMPA, FL 33610

Title: SD ( ) Delete  
Name: LATRECE, WELCH  
Address: 10324 LESS TRAVELED ROAD  
City-St-Zip: THONOTOSASSA, FL 33592 HI

Title: TD ( ) Delete  
Name: WATFORD, DELEK  
Address: POST OFFICE 263472  
City-St-Zip: TAMPA, FL 33603

Title: DD ( ) Delete  
Name: CAMPBELL, KEVIN  
Address: 3902 E. POWHATTAN  
City-St-Zip: TAMPA, FL 33610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change ( ) Addition  
Name: WATFORD, DEREK  
Address: POST OFFICE 263472  
City-St-Zip: TAMPA, FL 33603

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: MARTHA CHARLES

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date