

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 16, 2008 8:00 am
Secretary of State

04-18-2008 90039 002 ***150.00

DOCUMENT # P07000067500 1. Entity Name ANCIENT SECRETS 22, INC.					
Principal Place of Business 5809 HOLLYWOOD BOULEVARD HOLLYWOOD, FL			Mailing Address 5809 HOLLYWOOD BOULEVARD HOLLYWOOD, FL		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66010767 	
City & State		City & State		01072008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 26-0361297	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SIMONS, JEROME A 3864 SHERIDAN STREET HOLLYWOOD, FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIMONS, BARBARA A 738 N. CRESCENT DRIVE HOLLYWOOD, FL 33021 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV? ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAPP, JASON 738 N. CRESCENT DRIVE HOLLYWOOD, FL 33021 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAPP, JASON 738 N. CRESCENT DRIVE HOLLYWOOD, FL 33021 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST- CHUCKSHING, YVONNE 8651 NW 3 STREET PEMBROKE PINES, FL 33024 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PIZZATI, MARGUERITE 2537 Lincoln St, #15 Hollywood, FL 33020 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 fees empowered.					
SIGNATURE: <i>Barbara A. Simons</i>			BARBARA A. SIMONS 3/28/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		