

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000092343

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** WOMENS BUSINESS MASTERMIND GROUP, INC.

**Current Principal Place of Business:**

4151 SW 106 TERRACE  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 SW 106 TERRACE  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 41-2249981      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARGYRIOS, THEODOSIOU  
4151 SW 106 TR  
DAVIE, FL 33328 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: D, P  
Name: THEODOSIOU, BARBARA  
Address: 4151 SW 106 TERRACE  
City-St-Zip: DAVIE, FL 33328

Title: D.V  
Name: THEODOSIOU, ARGYRIOS  
Address: 4151 SW 106 TERRACE  
City-St-Zip: DAVIE, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: ARGYRIOS THEODOSIOU

VD

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date