2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125295

Entity Name: ROLKINI FASHION OF HIALEAH, INC.

16234 N.W. 82ND PLACE

MIAMI LAKES, FL 33016

Address: City-St-Zip: FILED Jan 15, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
2210 WEST 10TH AVENUE HIALEAH, FL 33010			990 WEST 23RD STR HIALEAH, FL 33010	990 WEST 23RD STREET HIALEAH, FL 33010	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
16234 N.W. 82ND PLACE MIAMI LAKES, FL 33016			990 WEST 23RD STR HIALEAH, FL 33010	990 WEST 23RD STREET HIALEAH, FL 33010	
FEI Number	: 26-1450126	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	JUAN A 782ND PLACE KES, FL 33016	US			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MORERA, JUAN 16234 N.W. 82N MIAMI LAKES, F	D PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () RIOS, ORLANDO 225 WEST 61 S HIALEAH, FL 33	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD () MORERA, ROSE	Delete ENDA	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JUAN ALBERTO MORERA PD 01/15/2009