

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003812

FILED
Apr 08, 2009
Secretary of State

Entity Name: SPECIALTEA PARTIES, INC.

Current Principal Place of Business:

1430 SW 87TH WAY
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

1430 SW 87TH WAY
PEMBROKE PINES, FL 33025 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD.
SUITE 1203
TALLAHASSEE, FL 32301 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: P () Delete
Name: MOXIE, SHANTELLE C
Address: 1430 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP () Delete
Name: MOXIE, SHANTELLE C
Address: 1430 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: S () Delete
Name: MOXIE, SHANTELLE C
Address: 1430 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: T () Delete
Name: MOXIE, SHANTELLE C
Address: 1430 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOXIE, SHANTELLE
Address: 1430 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: V (X) Change () Addition
Name: MOXIE, SHANTELLE
Address: 1430 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: S (X) Change () Addition
Name: MOXIE, SHANTELLE
Address: 1430 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: T (X) Change () Addition
Name: MOXIE, SHANTELLE
Address: 1430 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: D () Change (X) Addition
Name: MOXIE, SHANTELLE
Address: 1430 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025

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: SHANTELLE MOXIE

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date