

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045348

FILED
Jun 22, 2009
Secretary of State

Entity Name: PICK N TAKE HOME & FASHION CORP.

Current Principal Place of Business:

16300 SW 137TH AVE #119
MIAMI, FL 33185

New Principal Place of Business:

16300 SW 137TH AVE
119
MIAMI, FL 33177

Current Mailing Address:

16300 SW 137TH AVE #119
MIAMI, FL 33185

New Mailing Address:

16300 SW 137TH AVE
119
MIAMI, FL 33177

FEI Number: 26-2554745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTONUCCI, NICOLA
16300 SW 137TH AVE #119
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

ANTONUCCI, NICOLA
16300 SW 137TH AVE
119
MIAMI, FL 33177 US

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: NICOLA ANTONUCCI

06/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ANTONUCCI, NICOLA
Address: 16300 SW 137TH AVE #119
City-St-Zip: MIAMI, FL 33185

Title: DPT () Delete
Name: MENENDEZI, NURIA
Address: 16300 SW 137TH AVE #119
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ANTONUCCI, NICOLA
Address: 16300 SW 137TH AVE #119
City-St-Zip: MIAMI, FL 33177

Title: DPT (X) Change () Addition
Name: MENENDEZ, NURIA
Address: 16300 SW 137TH AVE #119
City-St-Zip: MIAMI, FL 33177

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: NICOLA ANTONUCCI

DIRE

06/22/2009

Electronic Signature of Signing Officer or Director

Date