2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P08000059952

Entity Name: THREE SUPER SISTERS CORPORATION

Current Principal Place of Business:

354 SEVILLA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

354 SEVILLA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-2852228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSS, ABE ESQ.
782 NW 42 AVENUE
448
MIAMI, FL 33126 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, D ( ) Delete
Name: SIQUEIRA R. MARTINS, PAULA
Address: 354 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP D ( ) Delete
Name: SIQUEIRA R. RIBEIRO, ROBERTA
Address: 354 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: CEBALLOS-VAZQUEZ, HAYDEE
Address: 354 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: SIQUEIRA ROSA, CLAUDIA
Address: 354 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HAYDEE CEBALLOS VAZQUEZ S 04/21/2009

Electronic Signature of Signing Officer or Director — Date