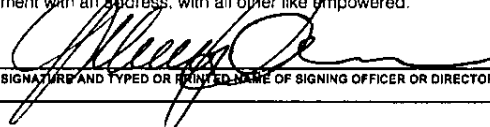


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 08:00 A
Secretary of State

DOCUMENT # P08844 1. Entity Name FIRST LADY INTERNATIONAL CORPORATION		
Principal Place of Business 5827 COPORATE WAY WEST PALM BEACH, FL 33407		Mailing Address 5827 COPORATE WAY WEST PALM BEACH, FL 33407
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHAUNCEY, HARRISON K JR. 777 SOUTH FLAGLER DRIVE SUITE 200, EAST TOWER WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MARTIN, LESLIE E 16 SLOANS CURVE DRIVE PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCIARA, ANTHONY S 801 SOUTH OLIVE AVE APT 1603 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  ANTHONY S. SCIARA 1/14/08 561-697-9494 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0278165	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U000000803754
02/05/08-80038-014 150.00

**DO NOT WRITE
IN THIS SPACE**