

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051177

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** CALLIGRAPHY BY ELAINE, INC.

**Current Principal Place of Business:**

1655 DREXEL AVENUE SUITE 210  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

940 LINCOLN ROAD  
SUITE 225  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1655 DREXEL AVENUE SUITE 210  
MIAMI BEACH, FL 33139

**New Mailing Address:**

940 LINCOLN ROAD  
SUITE 225  
MIAMI BEACH, FL 33139

FEI Number: 65-0420257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SISMAN, ELAINE  
1655 DREXEL AVE  
STE 210  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

SISMAN, ELAINE  
940 LINCOLN ROAD  
STE 225  
MIAMI BEACH, FL 33139 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/04/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SISMAN, ELAINE  
Address: 940 LINCOLN ROAD SUITE 225  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: ELAINE SISMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

04/04/2011

\_\_\_\_\_  
Date