

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000072216

1. Entity Name
SISTER'S ENTERPRISE, INC.



**FILED
Mar 13, 2006 8:00 am
Secretary of State**

03-13-2006 90078 037 ***150.00

40029838



01062006 Chg-P CR2E034 (11/05)

Principal Place of Business
200 SOUTH BISCAYNE BLVD
SUITE #4100
MIAMI, FL 33131

Mailing Address
200 SOUTH BISCAYNE BLVD
SUITE #4100
MIAMI, FL 33131

2. Principal Place of Business
806 Douglas Road

3. Mailing Address
806 Douglas Road

Suite, Apt. #, etc.
Suite 580

Suite, Apt. #, etc.
Suite 580

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip 33134 Country US

Zip 33134 Country US

4. FEI Number
65-0694094

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORP INT'L REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD
SUITE 4100
MIAMI, FL 33131

Name Registered Agent Corporate Services Inc.

Street Address (P.O. Box Number is Not Acceptable)

806 Douglas Road

Suite 580

City Coral Gables Zip Code FL 33134

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DE LAURIA, CARMEN 680 W PALM AIRE DR POMPANO BCH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DE LAURIA, CARMEN 1280 S. Powerline Road, Ste #5 Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TF PHELAN, WILLIAM ROBERT 680 W PALM AIRE DR POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TF Phelan, William Robert 1280 S. Powerline Road, Ste #5 Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/06 954-968-6616

Date

Daytime Phone #