

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000000839

**Entity Name:** LIFETIME SISTERS INTERNATIONAL INC.

**Current Principal Place of Business:**

12103 CREOLE CT  
PARRISH, FL 34219

**Current Mailing Address:**

12103 CREOLE CT  
PARRISH, FL 34219 US

**FEI Number: 82-4180743**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S SEMORAN BLVD  
STE 36  
ORLANDO, FL 32822 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name MONOKIAN, MELISSA  
Address 12103 CREOLE CT  
City-State-Zip: PARRISH FL 34219

Title S/D  
Name ANTHONY, DELIA V  
Address 8422 NW 66 ST  
City-State-Zip: MIAMI FL 33166

Title T/D  
Name SINGLETARY, LINDA P  
Address 7623 NW 115 CT  
City-State-Zip: DORAL FL 33178

Title DIR  
Name GARCIA, MARTI  
Address 1825 BROOKSIDE STREET NE  
City-State-Zip: PALM BAY FL 32907

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MELISSA MONOKIAN**

**PRESIDENT**

**01/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date