


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000027795	
1. Entity Name AUX BELLES CHOSES INTERIORS, INC.	

Principal Place of Business 5671 SW 98TH TERRACE CORAL GABLES, FL 33156	Mailing Address 5671 SW 98TH TERRACE CORAL GABLES, FL 33156
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0754250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA TORRE, TARABOULOS & CO.
9400 SOUTH DADELAND BLVD.
SUITE 601
MIAMI, FL 33156

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000623358
02/13/07-80063-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIRCH, AURELIA 5671 SW 98TH TERRACE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANDE, MAYRA 5671 SW 98TH TERRACE CORAL GABLES, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Mayra Grande 1/31/07 305-389-8791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #