


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000009606**

1. Entity Name  
A 2ND LOOK BOUTIQUE, INC.



Principal Place of Business      Mailing Address

18509 W. DIXIE HWY      18509 W. DIXIE HWY  
N MIAMI BEACH, FL 33180      N MIAMI BEACH, FL 33180



01202006    No Chg-P    CR2E034 (11/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
65-0808123      Not Applicable

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

6. Name and Address of Current Registered Agent

PRESSON, GAIL  
18509 W. DIXIE HWY  
N MIAMI BEACH, FL 33180

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS PRESSON, GAIL 18509 W. DIXIE HWY N MIAMI BEACH, FL 33180
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100000460329  
03/20/06-80006-005 150.00

**DO NOT WRITE  
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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/06 305-932-2332  
Date      Daytime Phone #