

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009606

FILED
Jan 14, 2009
Secretary of State

Entity Name: A 2ND LOOK BOUTIQUE, INC.

Current Principal Place of Business:

18509 W. DIXIE HWY
N MIAMI BEACH, FL 33180

New Principal Place of Business:

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

Current Mailing Address:

18509 W. DIXIE HWY
N MIAMI BEACH, FL 33180

New Mailing Address:

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

FEI Number: 65-0808123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: PRESSON, GAIL
Address: 18509 W. DIXIE HWY
City-St-Zip: N MIAMI BEACH, FL 33180

Title: T () Delete
Name: PRESSON, GAIL
Address: 18509 W. DIXIE HWY
City-St-Zip: N MIAMI BEACH, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GAIL PRESSON

DPVS

01/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date