

**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**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0754250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

**000000623358
02/13/07-80063-013 150.00**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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

Mayra Grande

1/31/07

305-389-8791

Date

Daytime Phone