

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000101434

**Entity Name:** DECADENT BOUTIQUE, INC.

**Current Principal Place of Business:**

16225 SW 117 AVE  
BAY #4  
MIAMI, FL 33177

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC9493981783**

**Current Mailing Address:**

16225 SW 117 AVE  
BAY #4  
MIAMI, FL 33177 US

**FEI Number: 47-2607054**

**Certificate of Status Desired: Yes**

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

GIL, SANDRA  
9921 SW 20 ST  
MIAMI, FL 33165 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	DP	Title	DST
Name	GIL, SANDRA	Name	GIL, EDDY
Address	9921 SW 20 ST	Address	16991 SW 156 CT
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33187

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

**SIGNATURE: SANDRA GIL**

**PRESIDENT**

**01/08/2015**

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

\_\_\_\_\_  
Date