2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557829

FILED Jan 06, 2004 Secretary of State

Entity Name: PERSONALIZED BOUTIQUE, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ITON DR , FL 33326	US		
urrent N	lailing Addre	ess:	New Mailing Addres	ss:
.O. BOX EMBROI	260546 KE PINES, FL	. 33027		
El Number	r: 59-1802150	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	BERT ITON DR , FL 33326	US		
he above			ourpose of changing its registere	ed office or registered agent, or both,
he above the Stat	e named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
ne above the Stat	e named entity e of Florida. RE:			ed office or registered agent, or both, Date
ne above the Stat IGNATU	e named entity e of Florida. RE: Electro	γ submits this statement for the $oldsymbol{\mathfrak{p}}$		
he above the Stat IGNATU	e named entity e of Florida. RE: Electro	y submits this statement for the point of the point Signature of Registered Ageing Trust Fund Contribution ().	ent	
ne above the Stat GNATU ection Ca	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRE P (ELBA, MARY 500 SW 1301	y submits this statement for the ponic Signature of Registered Ageing Trust Fund Contribution (). CTORS: () Delete ANN,	ent	Date
ne above the Stat GNATU ection Ca FFICER le: me: dress:	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRE P (ELBA, MARY) 500 SW 1301 PEMBROKE	y submits this statement for the property of Registered Age ong Trust Fund Contribution (). CTORS: () Delete ANN, TH TERRACE PINES, FL 33027 () Delete RT N DR	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY ANN ELBA P 01/06/2004