

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90371 002 ***150.00

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1. Entity Name
LITTLE SWITZERLAND WHOLESALE, INC.



Principal Place of Business
CT CORPORATION SYSTEM
101 FEDERAL ST
BOSTON, MA 02110

Mailing Address
6800 NW BROKEN SOUND PKWY.
BOCA RATON, FL 33487

40074267



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

66-0439580

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME BAUMGARDNER, ROBERT L
STREET ADDRESS 6800 NW BROKEN SOUND PKWY.
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE Treasurer ☐ Change ☐ Addition
NAME Cooper, Christopher
STREET ADDRESS 6800 NW Broken Sound Parkway
CITY-ST-ZIP Boca Raton, FL 33487

TITLE D ☐ Delete
NAME DORSEY, PATRICK B
STREET ADDRESS 727 FIFTH AVE
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME QUINN, JAMES E
STREET ADDRESS 727 FIFTH AVE
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

R. Christopher Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06
Date

561-206-0080
Daytime Phone #