

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F83582

Entity Name: BOUTIQUE TERE, INC.

FILED  
May 04, 2009  
Secretary of State

**Current Principal Place of Business:**

1167 3RD STREET S  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

384 BROAD AVE. S.  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 59-2211633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARTINGTON, BURT  
384 BROAD AVENUE SOUTH  
NAPLES, FL 34102 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VDS ( ) Delete  
Name: HARTINGTON, MARIA  
Address: 384 BROAD AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: PDT ( ) Delete  
Name: HARTINGTON, BURT  
Address: 384 BROAD AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: VD ( ) Delete  
Name: HARTINGTON, JAY S  
Address: 384 BROAD AVE. S.  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: BURT HARTINGTON

PDT

05/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date