

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47979

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: MYSTIQUE OF PALM BEACH, INC.

**Current Principal Place of Business:**

139 FEDERAL HIGHWAY  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

139 FEDERAL HIGHWAY  
LAKE PARK, FL 33403

**New Mailing Address:**

FEI Number: 65-0124778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEINSTOCK, GERARD  
12840 S. SHORE DR.  
WEST PALM BEACH, FL 33410 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: WEINSTOCK, GERARD,  
Address: 139 FEDERAL HWY.  
City-St-Zip: LAKE PARK, FL

Title: T ( ) Delete  
Name: WEINSTOCK, MARJORIE,  
Address: 139 FEDERAL HWY.  
City-St-Zip: LAKE PARK, FL

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

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: GERARD WEINSTOCK

PRES

01/24/2009

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

\_\_\_\_\_  
Date