2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

FILED Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # K83577 1. Entity Name BOUBOU, INC. Mailing Address Principal Place of Business 3612 NE 2ND AVE MIAMI FL 33137 3612 NE 2ND AVE MIAMI FL 33137 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FE! Number Applied For City & State 65-0118319 Not Applicable Zip Zip Country \$8,75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANTANA, FRANCIS X. Street Address (P.O. Box Number is Not Acceptable) **3612 NE 2ND AVE MIAMI FL 33137** 7ip 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition Delete TITLE U00000334948 04/27/05-80067-003 150.00 BOUDINET, FRANCOIS NAME NAME STREET ADDRESS STREET ADDRESS 660 NE 52 TERR CITY-ST-ZIF MIAMI FL CITY ST ZIP Change ☐ Addition TITLE SD Delete HILLE NAME CHATELLENAZ, CATHERINE NAME 660 NE 52 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP MIAMI FL ☐ Delete THILE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition Change TIBE HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change MME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

CHATELLENAZ

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