

L48523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

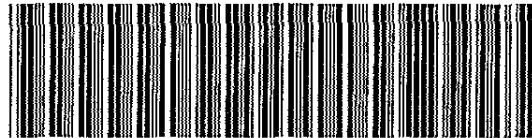
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RA/change  
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06 APR 10 AM 10:00  
SECURITY UNIT (UP) STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2006

RACHEL BOUCHARD  
BOUCHARD SHOE TINTING SPECIALIST, INC.  
11556 TAMiami TRAIL EAST  
NAPLES, FL 34113

SUBJECT: BOUCHARD SHOE TINTING SPECIALIST, INC.  
Ref. Number: L48523

We have received your document for BOUCHARD SHOE TINTING SPECIALIST, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The officer (Edgar Bouchard) was deleted on the 2006 annual report filed on February 15, 2006 but the registered agent information was not changed. Therefore, a statement of Change of Registered Office/Agent form must be filed instead of an Amendment.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 306A00019581

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Bouchaed Shoe Fixing Specialist Inc.  
(Name of Corporation)

DOCUMENT NUMBER: L 48523

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel Bouchaed  
(Name of Contact Person)

Bouchaed Shoe Fixing Specialist Inc.  
(Firm/Company)

11556 Tamiami Trail East  
(Address)

Naples Fl. 34113  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel Bouchaed at 239 732-7057  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

New office address

1. The name of the corporation: Bouchaud Shoe Fixing Specialist Inc

2. The principal office address: 11556 Jamiami Trail East, Naples FL 34114

3. The mailing address (if different): 204 Cape Sable Dr, Naples FL 34104

4. Date of incorporation/qualification: 02-1-1990 Document number: 648523

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Edgar Bouchaud  
204 Cape Sable Dr  
Naples FL 34104

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rachel Bouchaud  
204 Cape Sable Dr  
Naples FL 34104  
(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Rachel Bouchaud  
(Signature of an officer or director)

RACHEL BOUCHARD P  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Rachel Bouchaud  
(Signature of Registered Agent)

4/1/06  
(Date)

If signing on behalf of an entity:

RACHEL BOUCHARD  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)