


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L72248 1. Entity Name NELISA BOUTIQUE, INC.	
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Principal Place of Business 8733 SW. 24TH ST. MIAMI, FL 33165	Mailing Address 8733 SW. 24TH ST. MIAMI, FL 33165
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04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0197160	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NEIBAUR & ASSOCIATES P.A., CPA'S 10720 CARIBBEAN BLVD SUITE 440 MIAMI, FL 33189

**DO NOT WRITE
IN THIS SPACE**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITA, NEREYDA C. 8733 SW 24TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITA, ISABEL C. 8733 SW 24TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/27/06-80007-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Nereyda C. Pita NEREYDA C. PITA, PRESIDENT

Date

Daytime Phone #

04/10/06 305 551 6401