


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90099 050 \*\*\*150.00

<b>DOCUMENT # M16138</b> 1. Entity Name <b>LA BOUTIQUE, INC.</b>					
Principal Place of Business <b>814 E LAS OLAS BLVD FT. LAUDERDALE FL 33301</b>			Mailing Address <b>814 E LAS OLAS BLVD FT. LAUDERDALE FL 33301</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2558741</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PANKOW, GLORIA 1201 RIVER REACH #107 FT. LAUDERDALE FL 33315</b>				7. Name and Address of New Registered Agent Name <b>GLORIA PANKOW</b> Street Address (P.O. Box Number is Not Acceptable) <b>814 E. LAS OLAS BLVD</b> City <b>ft. laud.</b> <b>FL</b> Zip Code <b>33301</b>	
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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD PANKOW, GLORIA 1201 RIVER REACH #107 FT. LAUDERDALE FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u><i>Gloria Pankow</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>7/19/2005</i></u> <small>Date</small>		

(M 16138)

ATTACHMENT

66026124

FROM: La Boutique  
814 E. Was. Olas Blvd.  
H. Land. fl. 33301  
954-523-3488

We recd a card stating us to  
return card if I want to have  
State send me forms - I did that -

I recd forms on 7/18/2005 and mailed  
a check for \$150.00 as I have  
done for the past 18 years.

Gloria Pankau

check was mailed on 7/19/2005