

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M35843

1. Entity Name  
PRETTY BOUTIQUE, INC.



FILED  
05 OCT 20 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
328 CRANDON BLVD  
107  
KEY BISCAINE, FL 33149

Mailing Address  
328 CRANDON BLVD  
107  
KEY BISCAINE, FL 33149

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

10062005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-2716391

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHORAKA, SAEED  
328 CRANDON BLVD 107  
KEY BISCAINE FL, FL 33149

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip 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 SAEED SHORAKA  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10-18-05

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE STD  
NAME SHORAKA, SAEED ☐ Delete  
STREET ADDRESS 328 CRANDON BLVD 107  
CITY-ST-ZIP KEY BISCAINE, FL 33149

TITLE PD  
NAME PARICHEHR, MAKОВI ☐ Delete  
STREET ADDRESS 328 CRANDON BLVD  
CITY-ST-ZIP KEY BISCAINE, FL 33149

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100061066691  
CITY-ST-ZIP 11/01/05--01028--008 \*\*158.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAEED SHORAKA 10-18-05 305 361-2855

Date

Daytime Phone #

**Pretty Boutique**

328 Crandon Blvd. #107  
Key Biscayne, Florida 33149  
(305) 361-2855

October 18, 2005

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, Florida 32314

Re: Document # M35843

Dear Department of State Representative:

We are sending you this letter along with our 2005 annual report for reinstatement.

We did not receive our annual report notices for 2005, please waive our reinstatement fee.

If you have any questions, please call us at (305) 361-2855. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Saeed Shoraka", written over a horizontal line.

SAEED SHORAKA.