


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90033 008 ***150.00

DOCUMENT # P00288 1. Entity Name CLAIRE'S BOUTIQUES, INC.					
Principal Place of Business 2400 W CENTRAL ROAD HOFFMAN ESTATES, IL 60195 US			Mailing Address 3 SW 129TH AVE., SUITE 400 PEMBROKE PINES, FL 33027-6312		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-2025307	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, E. BONNIE 3 SW 129 AVENUE PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EUGENE KAHN 2400 W. CENTRAL ROAD HOFFMAN ESTATES, IL 60195	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAPLAN, IRA D. 3 SW 129TH AVE., #400 PEMBROKE PINES, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE - PRESIDENT. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J. PER BRODIN 3 SW 129TH AVENUE PEMBROKE PINES, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHAEFER, MARLA 350 FIFTH AVENUE NEW YORK, NY 10118 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REBECCA ORAND 3 SW 129TH AVENUE PEMBROKE PINES, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINER, MICHAEL 3 SW 129 AVE PEMBROKE PINES, FL 33027 <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	VP OVIS, DAVID 3 SW 129 AVE PEMBROKE PINES, FL 33027 <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	
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: _____		DAVID OVIS		3/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (954) 433-3900	