

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000082651

1. Entity Name
BIJOU & NEJMA'S BOUTIQUE, INC.



FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90105 030 ***150.00

Principal Place of Business
992 ALVEREZ AVENUE
THE VILLAGES,, FL 32159

Mailing Address
992 ALVEREZ AVENUE
THE VILLAGES,, FL 32159



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3737650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETER, NEJAM
992 ALVEREZ AVENUE
THE VILLAGES,, FL 32159

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PETER, NEJMA
STREET ADDRESS	992 ALVEREZ AVENUE
CITY-ST-ZIP	THE VILLAGES,, FL 32159
TITLE	D
NAME	RIERSON, BRIGITTE
STREET ADDRESS	992 ALVEREZ AVENUE
CITY-ST-ZIP	THE VILLAGES,, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Nejma Peter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07
Date

386-424-7028
Daytime Phone #