

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-08-2005 90023 027 ***150.00

DOCUMENT # P01000089295

1. Entity Name
S & W BOUTIQUE, INC.



Principal Place of Business
**44 S.E. 4TH RD.
HOMESTEAD, FL 33030**

Mailing Address
**44 S.E. 4TH RD.
HOMESTEAD, FL 33030**

66025214



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1132105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANCIS, LEON
100 NE 15TH ST #204
HOMESTEAD, FL 33030**

**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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUTON, CHRISTINE
STREET ADDRESS	44 S E 4TH ROAD
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Christine Luton* **July 5-05 305-248-9005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66025214

S&W BOUTIQUE INC.

44 S. E. 4th Rd.

Homestead, FL 33030

07/27/2005

Glenda E. Hood
Secretary of State
Florida Department of State-Division of Corporations
P. O. Box 6327, Tallahassee, FL 32314

Reference number P01000089295


Reference is made to your letter dated July 12, 2005, informing me that my Annual Uniform Business Report for the above mentioned company was not filed, having being submitted late, without the additional filing fees of \$400.00.

I am aware that it is my responsibility to file all necessary returns timely with the necessary filing fees, but since the since the report was changed it was overlooked. I have always complied by paying my licenses and fees on time, and have never tried to disregard any of these. My company is small and the income derived from it can barely make ends meet. To pay an additional \$400.00 would pose a great deal of hardship on my company and affect me immensely.

Based on the foregoing, I am asking that you relieve me of these additional fees. I am also giving you the assurance that in the future I will ensure that I fully comply on time.

Your generous consideration to this matter would be greatly appreciated.

Sincerely,



Christine Luton.
President

Enclosed 2