

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90172 050 ***150.00

DOCUMENT # P02000094986

1. Entity Name

OLIVIA'S BOUTIQUE, INC.



Principal Place of Business

160 SW 12 AVE, STE 101B
DEERFIELD BEACH FL 33442

Mailing Address

160 SW 12 AVE, STE 101B
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0746132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WERKSMAN, ALAN J
160 SW 12 AVE, STE 101B
DEERFIELD BEACH FL 33442

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

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HOLLAUS, MICHELINE C
STREET ADDRESS 2101 NW 33 ST, STE 2500
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17221 Bermuda Village Drive
CITY-ST-ZIP Boca Raton, FL 33487

TITLE D ☐ Delete
NAME HOLLAUS, OLIVIA Y
STREET ADDRESS 2101 NW 33 ST, STE 2500
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17221 Bermuda Village Drive
CITY-ST-ZIP Boca Raton, FL 33487

TITLE ☐ Delete
NAME
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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

1/31/05 561-912-0182
Date Daytime Phone #