## 2006 FOR PROFIT CORPORATION

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## Mar 23, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P02000099345 03-23-2006 90023 021 \*\*\*150.00 1. Entity Name MARILYN'S BOUTIQUE INC Principal Place of Business Mailing Address 50005217 504 NORIDGE DRIVE -504 NORIDGE DRIVE LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33936 JY4 301 BOP617 2. Principal Place of Business 3. Mailing Addres $\theta M\theta$ MOIT Suite, Apt. #, etc. 03092006 Chg-P CR2E034 (11/05) M ON City & State Applied For 4. FEI Number 06-1646878 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired A,c Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT AVC. GARRIDO, OSVALDO M Street Address (P.O. Box Number is Not Acceptable) 504 NORIDGE DRIVE LEHIGH ACRES, Ft. 33936 OUGEAGACS City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 301 Robert AND ☐ Delete TITLE ☐ Change ☐ Addition GARRIDO, OSVALDO M NAME NAME CACKS 504 NORIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33936 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition GARRIDO, MARILYN NAME NAME 5<del>04 NORIDGE DRIV</del>E STREET ADDRESS STREET ADDRESS LEHIGH ACRES, FL 33936 CITY-ST-ZIE CITY\_ST\_7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

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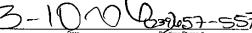
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