

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90023 021 \*\*\*150.00

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03092006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P02000099345</b> 1. Entity Name <b>MARILYN'S BOUTIQUE INC</b>			
Principal Place of Business <b>504 NORIDGE DRIVE</b> <b>LEHIGH ACRES, FL 33936</b> <small>US</small>		Mailing Address <b>504 NORIDGE DRIVE</b> <b>LEHIGH ACRES, FL 33936</b> <small>US</small> <b>301 Robert Ave.</b>	
2. Principal Place of Business <b>215 B. West mainst.</b> <small>Suite, Apt. #, etc.</small> <b>Main St</b> <small>City &amp; State</small> <b>Immokalee Fl.</b> <small>Zip</small> <b>34142</b> <small>Country</small> <b>U.S.A.</b>		3. Mailing Address <b>301 Robert Ave</b> <small>Suite, Apt. #, etc.</small> <b>Lehigh Acres</b> <small>City &amp; State</small> <b>Florida</b> <small>Zip</small> <b>33972</b> <small>Country</small> <b>U.S.A.</b>	
4. FEI Number <b>06-1646878</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>GARRIDO, OSVALDO M</b> <b>504 NORIDGE DRIVE</b> <b>LEHIGH ACRES, FL 33936</b> <b>change address /</b>		7. Name and Address of New Registered Agent <b>301 Robert Ave.</b> <b>Lehigh Acres</b> <b>Fl. 33972</b>	
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: <u><b>OSVALDO GARRIDO</b></u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>GARRIDO, OSVALDO M</b> STREET ADDRESS <b>504 NORIDGE DRIVE</b> CITY-ST-ZIP <b>LEHIGH ACRES, FL 33936</b>	<input type="checkbox"/> Delete <b>301 Robert Ave</b> <b>Lehigh Acres</b> <b>Fl. 33972</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>GARRIDO, MARILYN</b> STREET ADDRESS <b>504 NORIDGE DRIVE</b> CITY-ST-ZIP <b>LEHIGH ACRES, FL 33936</b>	<input type="checkbox"/> Delete <b>301 Robert</b> <b>Lehigh Acres</b> <b>Fl. 33972</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><b>OSVALDO GARRIDO</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-10-06</b> <small>Date</small>	
		<b>639657-5570</b> <small>Daytime Phone #</small>	