

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90041 003 ***150.00

DOCUMENT # P03000044529

1. Entity Name
RED BOUTIQUE, INC.



Principal Place of Business
**1934 COMMERCE LANE, STE. 2
JUPITER, FL 33458**

Mailing Address
**1934 COMMERCE LANE, STE. 2
JUPITER, FL 33458**

24030704



2. Principal Place of Business
**150 WORTH AVE
SUITE # 219**

3. Mailing Address
**150 WORTH AVE
SUITE # 219**

03112004 Chg-P CR2E034 (10/03)

City & State
**PALM BEACH, FL
33480**

City & State
**PALM BEACH, FL
33480**

4. FEI Number
86-1059592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SELDIN, KEITH A
150 WORTH AVENUE, STE. 219
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name **CHARLES E JEWETT, CPA**
Street Address (P.O. Box Number is Not Acceptable)
**2514 HOLLYWOOD BLVD
SUITE # 508**
City **HOLLYWOOD** FL Zip Code **33020**

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 agent acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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** ☒ Delete
NAME **SELDIN, KEITH A ESQ.**
STREET ADDRESS **150 WORTH AVE., STE. 219**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **MARIA POWER**
CITY-ST-ZIP **150 WORTH AVE, # 219
PALM BEACH, FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #