


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000072601</b>					
1. Entity Name <b>CITY MODERN BOUTIQUE, INC.</b>					
Principal Place of Business <b>10806 MOSS ISLAND DR RIVERVIEW FL 33569</b>			Mailing Address <b>10806 MOSS ISLAND DR RIVERVIEW FL 33569</b>		
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 <b>83-0363271</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>RING, ANGELA L 10806 MOSS ISLAND DR RIVERVIEW FL 33569</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b>			9. Election Campaign Financing		
<b>After May 1, 2005 Fee Will Be \$550.00</b>			Trust Fund Contribution. <input type="checkbox"/>		
<b>Make Check Payable to Florida Department of State</b>			<b>\$5.00 May Be Added to Fees</b>		



1st MOORE CR2E034 (10/04)

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RING, ANGELA L</b> <b>10806 MOSS ISLAND DR</b> <b>RIVERVIEW FL 33569</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1100000246738</b> <b>02/28/05-80076-024 150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>RING, MARK A</b> <b>10806 MOSS ISLAND DR</b> <b>RIVERVIEW FL 33569</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Angela L. Ring Angela L. Ring 2/21/05 (813)690-6731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #