

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90405 007 \*\*\*150.00

**14013794**



04062005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0764903** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # P04000034550**

1. Entity Name  
**DIVA BOUTIQUE, INC.**



Principal Place of Business  
**2900 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065 US.**

Mailing Address  
**2900 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065 US**

2. Principal Place of Business  
**2818 University Drive**

3. Mailing Address  
**2818 University Drive**

City & State  
**Coral Springs FL**

City & State  
**Coral Springs FL**

Zip  
**33065**

Country  
**Broward**

Zip  
**33065**

Country  
**Broward**

6. Name and Address of Current Registered Agent

**ROIMI, YAACOV  
2900 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

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]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROIMI, YAACOV 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065</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: *[Signature]* **4-30-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #