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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000051496

1. Entity Name
ELECTRONIC BOUTIQUE INC.

Principal Place of Business	Mailing Address
1136 COLLINS AVENUE MIAMI BEACH, FL 33139	19501 E. COUNTRY CLUB DRIVE 102 AVENTURA, FL 33180

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
33 KING STREET	33 KING STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST AUGUSTINE, FL	City & State: ST AUGUSTINE, FL
Zip: 32084 Country:	Zip: 32084 Country:

4. FEI Number: 20-0896916 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEZIN, EYAL
19501 E. COUNTRY CLUB DRIVE
102
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: EYAL MEZIN
Street Address (P.O. Box Number Is Not Acceptable): 33 KING STREET
City: ST AUGUSTINE FL Zip Code: 32084

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] DATE: 05/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	P MEZIN, EYAL 19501 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MEZIN, EYAL 33 KING STREET ST AUGUSTINE, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEN ISRAEL, ALON 33 KING STREET ST AUGUSTINE, FL 32084	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 05/26/06 786-301-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 8/15