

2006 FOR PROFIT CORPORATION ANNUAL REPORT

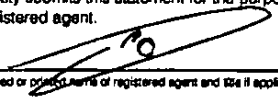
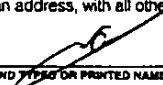
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000051496			
1. Entity Name ELECTRONIC BOUTIQUE INC.			
Principal Place of Business 1136 COLLINS AVENUE MIAMI BEACH, FL 33139		Mailing Address 19501 E. COUNTRY CLUB DRIVE 102 AVENTURA, FL 33180	
2. Principal Place of Business 33 KING STREET		3. Mailing Address 33 KING STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST AUGUSTINE, FL		City & State ST AUGUSTINE, FL	
Zip 32084		Zip 32084	
Country		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 		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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 		DATE 05/26/06 Filing Phone # 786-209-1001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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