

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90085 019 ***150.00

DOCUMENT # P04000061708

1. Entity Name
ANOTHER CHANCE BOUTIQUE, INC



Principal Place of Business Mailing Address
6840 STIRLING RD 6840 STIRLING RD
DAVIE, FL 33024 US DAVIE, FL 33024 US

40014158



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

01302007 Chg-P CR2E034 (12/06)

City & State City & State
Zip Country Zip Country

4. FEI Number 20-0989961 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
VEDAEE, KAREN
6840 STIRLING RD
DAVIE, FL 33024

7. Name and Address of New Registered Agent
Name KAREN AZAR
Street Address (P.O. Box Number is Not Acceptable) 6840 STIRLING RD
City Davie FL 33024

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 *Karen Azar* 2/7/07
(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 VEDAEE, KAREN 6840 STIRLING RD DAVIE, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Karen Azar 6840 STIRLING RD DAVIE FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Karen Azar* 2/7/07 (9) 961-9621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #