

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000078188

1. Entity Name

MAISON DE COUTURE, CO



**FILED
Mar 13, 2006 08:00 AM
Secretary of State**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ARGUELLO, BERTHA 8405 NW 8TH STREET #206 MIAMI FL 33126				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____			
				Zip _____ 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, typed or printed name of registered agent and last 4 digits of SSN

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		(NOTE: Registered Agent signature required when re-registering)		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May E. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: ARGUELLO, BERTHA STREET ADDRESS: 8405 NW 8TH STREET #206 CITY-ST-ZIP: MIAMI FL 33126		<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: D NAME: ARGUELLO, KARLA STREET ADDRESS: 8405 NW 8TH STREET #206 CITY-ST-ZIP: MIAMI FL 33126		<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Arguello President 3/11/06 305-365-9777

Date

Daytime Phone #