

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102216

FILED  
May 03, 2005  
Secretary of State

Entity Name: TH'OLAZ FASHIONS BOUTIQUE, INCORPORATED

**Current Principal Place of Business:**

10754 NW 40TH STREET  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

10754 NW 40TH STREET  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 20-1386132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE, THEOLA  
10754 NW 40TH STREET  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,D ( ) Delete  
Name: MOORE, THEOLA L  
Address: 10754 NW 40TH STREET  
City-St-Zip: SUNRISE, FL 33351

Title: VP,D ( ) Delete  
Name: EWAN, HOWARD  
Address: 3778 W. OAKLAND PARK BLVD  
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: S,D ( ) Delete  
Name: OWEN, JEWEL  
Address: 2470 OAK GARDENS LANE  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEOLA MOORE

PD

05/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date