

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104888

FILED
Apr 28, 2005
Secretary of State

Entity Name: MONIQUE'S GIFT BOUTIQUE INC.

Current Principal Place of Business:

15555 MIAMI LAKEWAY NORTH
APT 210
MIAMI LAKES, FL 33014

New Principal Place of Business:

16119 KINGSMOOR WAY
MIAMI LAKES, FL 33014

Current Mailing Address:

15555 MIAMI LAKEWAY NORTH
APT 210
MIAMI LAKES, FL 33014

New Mailing Address:

16119 KINGSMOOR WAY
MIAMI LAKES, FL 33014

FEI Number: 20-1366022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, MONIQUE A
15555 MIAMI LAKEWAY NORTH
APT 210
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

PEREZ, MONIQUE A
16119 KINGSMOOR WAY
MIAMI LAKES, FL 33014 US

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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, MONIQUE A
Address: 15555 MIAMI LAKEWAY NORTH APT 210
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: MARTINEZ, YOJANS
Address: 15555 MIAMI LAKEWAY NORTH APT 210
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREZ, MONIQUE A
Address: 16119 KINGSMOOR WAY
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP (X) Change () Addition
Name: MARTINEZ, YOJANS
Address: 16119 KINGSMOOR WAY
City-St-Zip: MIAMI LAKES, FL 33014

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: MONIQUE A. PEREZ

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04/28/2005

Electronic Signature of Signing Officer or Director

Date