

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

05-27-2005 90024 021 ***150.00

DOCUMENT # P04000133095

1. Entity Name
SANDY'S BOUTIQUE, INC.



Principal Place of Business

1605 N. STATE ROAD 7
MARGATE, FL 33063

Mailing Address

1605 N. STATE ROAD 7
MARGATE, FL 33063

66043310

2. Principal Place of Business

1590 N.W. 3 STREET P.O. Box 938866

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06062005

Chg-P

CR2E034 (10/03)

City & State

DEERFIELD BEACH, FL

City & State

MARGATE, FL

4. FEI Number

20-2944412

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

33053

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVINO, FRANK

1605 N. STATE ROAD 7
MARGATE, FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-23-05

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SAVINO, FRANK
STREET ADDRESS 1605 N. STATE RD 7
CITY-ST-ZIP MARGATE, FL 33063

TITLE VP
NAME SAVINO, ADRIENNE
STREET ADDRESS 1605 N. STATE RD 7
CITY-ST-ZIP MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

5-23-05 954.650.5306