

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

04-22-2005 90281 049 ***150.00

DOCUMENT # P04000141078					
1. Entity Name SHEEK BOUTIQUE, INC.					
Principal Place of Business 15862 S.W 24 STREET MIRAMAR, FL 33027			Mailing Address 15862 S.W 24 STREET MIRAMAR, FL 33027		
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	
PAZOS, ROSE A 15862 S.W 24 STREET MIRAMAR, FL 33027				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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when amending)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	PAZOS, SANTIAGO O			NAME	
STREET ADDRESS	15862 S.W 24 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MUNIZ, MEAGEN C			NAME	
STREET ADDRESS	15862 S.W 24 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP	
TITLE	TD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	PAZOS, ROSA A			NAME	
STREET ADDRESS	15862 S.W 24 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 no other like employment.					
SIGNATURE: <i>Rosa A. Pazos</i>				4118105 954-442-9805	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: _____	

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04202005 Chg-P CR2E034 (10/03)

4. FEI Number **16-1709364** Applied For ☐ Not Applicable ☐

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