

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145646

Entity Name: OJOS BOUTIQUE, INC.

FILED
May 03, 2007
Secretary of State

Current Principal Place of Business:

4504 WISHART PLACE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

4506 WISHART PLACE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 20-1810907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHIDDEN, MARGARITA
4506 WISHART PLACE
TAMPA, FL 33603 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 () Delete
Name: PEREZ, DON MD
Address: 4703 BROOKWOOD DRIVE
City-St-Zip: TAMPA, FL 33629 US

Title: VP () Delete
Name: PEREZ, BERNARD MD
Address: 4923 NEW PROVIDENCE ST
City-St-Zip: TAMPA, FL 33629 US

Title: ST () Delete
Name: WHIDDEN, MARGARITA
Address: 4807 CULBREATH ISLES RD.
City-St-Zip: TAMPA, FL 33629 US

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 exemption stated in Chapter 119, 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: PEREZ, DON MD

P

05/03/2007

Electronic Signature of Signing Officer or Director

Date