


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/29/2006-90005-041-\$550.00-\$550.00

DOCUMENT # P05000022384 1. Entity Name PRIMA DONNA BOUTIQUE CORP.						06 OCT 23 11 8:41	
Principal Place of Business 3104 TOWN AVE., UNIT 16 NEW PORT RICHEY FL 34655				Mailing Address 3104 TOWN AVE., UNIT 16 NEW PORT RICHEY FL 34655			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent KAHEN, LISA 3104 TOWN AVE., UNIT 16 NEW PORT RICHEY FL 34655				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 20-2228901			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 information empowered.							
SIGNATURE: <i>Lisa Kahan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>13-31-2006</i> <small>Date</small>			
Daytime Phone #: <i>727-313-9994</i> <small>Daytime Phone #</small>							