6/9/2006-90002-032-$150.00-$150.00

06-06-'06 15:43 FROM- 9547531123

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50021219

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000023042

1. Entity Name
POOCHIE COUTURE, INC.

Principal Place of Business	Mailing Address
2100 S. OCEAN DR #1805 FT. LAUDERDALE, FL 33316	2100 S. OCEAN DR #1805 FT. LAUDERDALE, FL 33316

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06067006 Chg-P CR2E034 (11/05)

4. FEI Number — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LENTON, DEBORAH
2100 S. OCEAN DR #1805
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

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 of new registered agent, if appointed (Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND/OR DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete LENTON, DEBORAH 2100 S. OCEAN DR #1805 FT. LAUDERDALE, FL 33316	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete LENTON, PETER 2100 S. OCEAN DR #1805 FT. LAUDERDALE, FL 33316	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

$7.1/18

12. 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 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: Deborah DeLenton 6-06-06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE