

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000073717

Entity Name: CHIX BOUTIQUE, CORP

FILED
Sep 20, 2006
Secretary of State

Current Principal Place of Business:

14427 COUNTRY WALK DRIVE
MIAMI, FL 33186

New Principal Place of Business:

3835 SW 132 AVENUE
MIAMI, FL 33175

Current Mailing Address:

14427 COUNTRY WALK DRIVE
MIAMI, FL 33186

New Mailing Address:

3835 SW 132 AVENUE
MIAMI, FL 33175

FEI Number: 20-2877884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHAVARRIA, EDILMA
15562 SW 142 CT
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

ECHAVARRIA, EDILMA
3835 SW 132 AVENUE
MIAMI, FL 33175 US

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: EDILMA ECHAVARRIA

09/20/2006

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: ECHAVARRIA, EDILMA
Address: 15562 SW 142 CT
City-St-Zip: MIAMI, FL 33177

Title: VP () Delete
Name: ECHAVARRIA, LUIS F
Address: 15562 SW 142ND CT
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ECHAVARRIA, EDILMA
Address: 3835 SW 132 AVENUE
City-St-Zip: MIAMI, FL 33175

Title: VP (X) Change () Addition
Name: ECHAVARRIA, LUIS F
Address: 3835 SW 132 AVENUE
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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: EDILMA ECHAVARRIA

P

09/20/2006

Electronic Signature of Signing Officer or Director

Date