FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT:{UBR}

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Apr 18, 2008 08:00 AM
Secretary of State

904 270-2073 Daytime Phone #

UNIFORM BUSINESS REPORT:{UBR)				Secretary of State	
DOCUMENT # P05000084048 1. Entity Name				Secreta	iry of State
BROOKE'S BOUTIQU	E INC		Ì		
	OTWRITE	INTHIS	PACE		
2. Principal Place of Business 2985 ST JOHNS BLVD		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State JACKSONVILLE BEACH, FL		City & State		4. FEI Number 02-0746429	Applied For Not Applicable
Zip 32250-8121	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			1.00 (1.00)	ne and Address of Current Regis	stered Agent
DO NOT WE		RITE Name HEUSCHKE Street Ad		dress (P.O. Box Number is Not Acceptable)	
			City JACKSONVILI	FL FREACH	Zip Code 32250
			ose of changing its reg	istered office or registered agent,	
•	-		s of registered agent.	en al de la companya	3.1
SIGNATURE:	to timed as advised name of	registered agent and title if	annileable ANOTE: Bealet	ored Agent signature required when reinstati	
January 1	May 1 Fee is \$150.0	O ALLEGA Agent and the n	Applicable (NOTE: Regist		ing) · · · · · · · ·
	iy 1, Fee is \$550.00 led UBR is \$61.25		11	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		ID DIRECTORS	11.		
TITLE NAME	D HEUSCHKEL, LYNN		TITLE		
	2985 ST. JOHNS BL	VD.	STREET ADDRESS	MINESECCIA II 246 A LATINIE - MINISTERIA II D. ASCARIANA, SIANO SESSO HER MATERIAL L'ARGINI DE L'ARGINI DE L'A	
CITY-ST-ZIP	JACKSONVILLE BEA	ACH, FL 32250	CITY-ST-ZIP	即では、173時時、現場は、当時に、大田市会場は近日には日本のは、 1877年 - 『東京教教』と、「大学学会」と、「大学学会」という。 1888年 - 「大田市の、大田市会社会」という。	produit (Sentin delli), entre dite. E Stelle entre delle ette delle stelle
TITLE NAME	DEFILIPPIS, KIMBEI	RLY	TITLE		
	607 BONAIRE CIRCLE		STREET ADDRESS		Problems Parlier representation of the control of t
CITY-ST-ZIP TITLE	JACKSONVILLE BEA	ACH, FL 32250	CITY'ST-ZIP.	你是我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	(1988年9月21日 - 1985年2月21日) 11日本 1985年 1985年 -
NAME			NAME		
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TITLE			TITLE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	THE THICKE	
NAME STREET ADDRESS			NAME STREET ADDRESS	Nickellar II. Allande, Milliago II. Anna Ganna Anna Anna Cairlean (Cairlean Anna Cairlean an Anna Cairlean Ann	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP		
TITLE NAME			NAME		
STREET ADDRESS		•	STREET ADDRESS		
CITY-ST-ZIP TITLE	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	SCITY-ST-ZIP 222 31		
NAME		, , , , , , , , , , , , , , , , , , ,	NAME		
STREET ADDRESS CITY-ST-ZIP		is on the house of	STREET ADDRESS		
12. I hereby certify that th		h this filing does not qua	lify for the exemption stated	in Section 119.07(3)(i), Florida Statutes	
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 on an attachment with an address, with all other like empowered.					