


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90032 043 \*\*\*150.00

|  |                                 |  |  |  |  |
|--|---------------------------------|--|--|--|--|
| <b>DOCUMENT # P05000130993</b><br>1. Entity Name<br>UPTOWN BOUTIQUE, INC.  |                                 |  |  |         |  |
| Principal Place of Business<br>125 W PLANT ST<br>WINTER GARDEN, FL 34787   |                                 |  | Mailing Address<br>125 W PLANT ST<br>WINTER GARDEN, FL 34787   |  |  |
| 2. Principal Place of Business<br>3201 E. Colonial Dr.<br>Suite, Apt. #, etc.<br>Suite M20   |                                 | 3. Mailing Address<br>3201 E. Colonial Dr.<br>Suite, Apt. #, etc.<br>Suite M20 |  |  |  |
| City & State<br>Orlando, FL  |                                 | City & State<br>Orlando, FL  |  | 4. FEI Number<br>20-3530159  |  |
| Zip<br>32803   |                                 | Country<br>Orange  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br>KIM, YONG M<br>125 W PLANT ST<br>WINTER GARDEN, FL 34787  |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>3201 E. Colonial Dr.<br>Suite M20<br>City<br>Orlando, FL<br>Zip Code<br>32803 |  |  |
| 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.<br>SIGNATURE: <i>Yong M. Kim</i> (NOTE: Registered Agent signature required when re-registering) DATE:   |                                 |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |                                 |  | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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: <i>Yong M. Kim</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 |  | PREPARED BY: <i>PREPARED BY</i> 2/11/06 407-927-0798<br>Date: Daytime Phone #  |  |  |