


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90022 024 ***150.00

DOCUMENT # P05000138737

1. Entity Name
LE SOLEIL MARINE BOUTIQUE, INC.



Principal Place of Business Mailing Address

8025 NW 36 ST 7766 NW 46TH ST
STE 333 2ND FL
DORAL, FL 33166 DORAL, FL 33166

40049777



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7766 NW 46 STREET Suite, Apt. #, etc.

01142008 Chg-P CR2E034 (12/06)

City & State City & State

MIAMI FL

4. FEI Number Applied For

65-1268364 Not Applicable

Zip Country Zip Country

33166 USA

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

6. Name and Address of Current Registered Agent

UGARTE, IRMA E
8025 NW 36 ST
STE 333
DORAL, FL 33166

7. Name and Address of New Registered Agent

Name **UGARTE IRMA E**
Street Address (P.O. Box Number is Not Acceptable)
7766 NW 46 STREET
City **MIAMI FL** Zip Code **33166**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UGARTE, IRMA E 8025 NW 36 ST DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UGARTE IRMA E 7766 NW 46 STREET MIAMI FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **03/18/08** **305-281-1818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #