

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021155

Entity Name: C & S BOUTIQUE INC

FILED  
Mar 22, 2007  
Secretary of State

## Current Principal Place of Business:

651 JAMESTOWN BLVD  
#1119  
ALTAMONTE SPRINGS, FL 32714 US

## Current Mailing Address:

931 N STATE ROAD 434  
SUITE 1201-68  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-4312893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, SOFIA  
651 JAMESTOWN BLVD  
#1119  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

680 ALTAMIRA CIRCLE  
207  
ALTAMONTE SPRINGS, FL 32701 US

## New Mailing Address:

680 ALTAMIRA CIRCLE  
207  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

SMITH, SOFIA  
680 ALTAMIRA CIRCLE  
207  
ALTAMONTE SPRINGS, FL 32701 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: SOFIA SMITH

03/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMITH, SOFIA  
Address: 651 JAMESTOWN BLVD #1119  
City-St-Zip: ALTAMONTE SPRING, FL 32714 US

Title: D ( ) Delete  
Name: WILLIAMS, CLOVIS  
Address: 651 JAMESTOWN BLVD #1119  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SMITH, SOFIA  
Address: 680 ALTAMIRA CIRCE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, CLOVIS  
Address: 680 ALTAMIRA CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: SOFIA SMITH

P

03/22/2007

Electronic Signature of Signing Officer or Director

Date