

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90015 017 \*\*\*150.00

**DOCUMENT # P06000047934**

1. Entity Name  
**XOHO BOUTIQUE, INC.**



Principal Place of Business  
**14711 SW 42ND ST  
SUITE #201  
MIAMI, FL 33185**

Mailing Address  
**14711 SW 42ND ST  
SUITE #201  
MIAMI, FL 33185**

40076504



2. Principal Place of Business - No P.O. Box #  
**3955 SW 137th Avenue**

3. Mailing Address  
**3955 SW 137th Avenue**

Suite, Apt. #, etc.  
**1**

City & State  
**Miami, Florida**

Zip  
**33175**

Country  
**USA**

03132008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-4658278**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MORENO, CLAUDIA  
14711 SW 42ND ST STE #201  
MIAMI, FL 33185**

7. Name and Address of New Registered Agent  
Name  
**MORENO CLAUDIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3955 SW 137th Avenue Suite #1**  
City  
**Miami** FL Zip Code  
**33175**

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: *Claudia Moreno*  
Signature typed or printed name of registered agent and title if applicable (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 MORENO, CLAUDIA 14711 SW 42ND ST STE 201 MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORENO CLAUDIA 3955 SW 137th Ave Ste 1 Miami, Florida 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *Claudia Moreno* **Claudia Moreno** 03/25/08 7863331836  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #