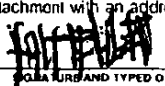


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-10-2007 90027 035 ***150.00

DOCUMENT # P06000064229 1. Entity Name HATTIE'S BOUTIQUE & URBAN WEAR, INC.					
Principal Place of Business 180 NW 78 TERRACE, BLDG 3 APT 102 PEMBROKE PINES FL 33024			Mailing Address 180 NW 78 TERRACE, BLDG 3 APT 102 PEMBROKE PINES FL 33024		
2. Principal Place of Business - No P.O. Box # 311 NW 78 TERRACE Suite, Apt., etc. BLDG 33 APT 203 City & State PEMBROKE PINES, FL Zip 33024		3. Mailing Address P.O. Box 520825 Suite, Apt., etc. City & State Miami, FL Zip 33152			
Country FLORIDA		Country MIAMI-DADE		4. FEI Number 68-0650733 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ALLEN, HATTIE M 180 NW 78 TERRACE, BLDG 3 APT 102 PEMBROKE PINES FL 33024			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOT: Registered agent signature necessary when terminating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	D ALLEN, HATTIE M 180 NW 78 TERRACE, BLDG 3 APT 102 PEMBROKE PINES FL 33024 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D ALLEN, BERNARD L 180 NW 78 TERRACE, BLDG 3 APT 102 PEMBROKE PINES FL 33024 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			5-28-07 954-965-5943 Date Daytime Phone #		