2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-19-2008 90030 046 ***150.00
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2008 JUN 11 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000064229

1. Entity Name
HATTIE'S BOUTIQUE & URBAN WEAR, INC.

Principal Place of Business	Mailing Address
311 NW 78TH TER BLDG 33 APT 203 PEMBROKE PINES FL 33024	PO BOX 520825 MIAMI FL 33152

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8871 N.W. 16 St.	P.O. BOX 520825
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, Fl.	City & State: Miami, Fl.
Zip: 33024 Country: U.S.A.	Zip: 33152 Country: USA

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	7. Name and Address of New Registered Agent
ALLEN, HATTIE M 180 NW 78 TERRACE, BLDG 3 APT 102 PEMBROKE PINES FL 33024	Name: ALLEN, HATTIE M Street Address (P.O. Box Number is Not Acceptable): 8871 N.W. 16 St City: PEMBROKE PINES FL Zip Code: 33024

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: [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
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	ALLEN, HATTIE D 8871 N.W. 16 St Pembroke Pines, Fl. 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALLEN BERNARD D 8871 N.W. 16 St. Pembroke Pines, Fl 33024	☐ 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #