



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90819 009 \*\*\*150.00

DOCUMENT # P06000080336					
1. Entity Name <b>SE' BOURGEOIS LINGERIE, INC.</b>					
Principal Place of Business <b>15950 SW 7TH STREET PEMBROKE PINES, FL 33027</b>			Mailing Address <b>15950 SW 7TH STREET PEMBROKE PINES, FL 33027</b>		
2. Principal Place of Business - No P.O. Box # <b>7958 Pine Blvd</b>		3. Mailing Address <b>7958 Pine Blvd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007    Chg-P    CR2E034 (12/06)	
City & State <b>Pembroke Pines, Fla.</b>		City & State <b>Pembroke Pines, Fla.</b>		4. FEI Number <b>11-3782179</b>	
Zip <b>33027</b>		Country <b>Broward</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>LORZEIL, HUGUETTE 15950 SW 7TH STREET PEMBROKE PINES, FL 33027</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORZEIL, HUGUETTE 15950 SW 7TH STREET PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORZEIL, KETTLY 15950 SW 7TH STREET PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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: <i>Sequelth Lorzeil</i> Director			April 25, 2007 (954) 962-1130		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		