2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007
Secretary of State

DOCUMENT# P06000082452

Entity Name: COUTURE CHAOS, INC.

Current Principal Place of Business:

5511 WEST MCNABB ROAD
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

3604 HIGH PINE DR
CORAL SPRINGS, FL 33065

Current Mailing Address:

5511 WEST MCNABB ROAD
NORTH LAUDERDALE, FL 33068

New Mailing Address:

3604 HIGH PINE DR
CORAL SPRINGS, FL 33065

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCO, FRANCISCO J
5511 WEST MCNABB ROAD
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

AMANDA, LEE L
3604 HIGH PINE DR
CORAL SPRINGS, FL 33065 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: AMANDA L PERNA 06/20/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PERNA, AMANDA LEIGH
Address: 3604 HIGH PINE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Delete
Name: FRANCO, FRANCISCO J
Address: 5511 WEST MCNABB ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PERNA, AMANDA L
Address: 3604 HIGH PINE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AMANDA L PERNA D 06/20/2007
Electronic Signature of Signing Officer or Director Date