



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000085584</b>		
1. Entity Name JATEM BOUTIQUE, INC.		
Principal Place of Business 5024 NW 102ND DRIVE CORAL SPRINGS, FL 33076 US		Mailing Address 5024 NW 102ND DRIVE CORAL SPRINGS, FL 33076 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01142008 No Chg-P CR2E034 (11/05)
		4. FEI Number 57-1238839
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  TOBOL, JAMIE 401 SW 4TH AVENUE SUITE 704 FORT LAUDERDALE, FL 33315		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D TOBOL, JAMIE 401 SW 4TH AVENUE FORT LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SHOREK, PIERRE 5024 NW 102ND LANE CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>x Jamie</i>		<i>x 1/18/08 x 5613953455</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #