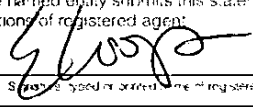
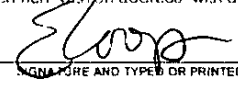


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 009 ***150.00

DOCUMENT # P06000087419 1. Entry Name YUPSTER BOUTIQUE, INC					
Principal Place of Business 41 NE 95TH ST MIAMI SHORES, FL 33138 US			Mailing Address 41 NE 95TH ST MIAMI SHORES, FL 33138 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. # etc.			3. Mailing Address Suite, Apt. # etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-5151364	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COOPER, ELAINE B 41 NE 95TH ST MIAMI SHORES, FL 33138			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:  8/28/07 Signature based on printed name of registered agent and the applicable F.S. registration requirements required when not changing.					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO COOPER, ELAINE B 41 NE 95TH ST MIAMI SHORES, FL 33138	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ 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:  8/28/07 305-789-5874 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



07122007 Chg-P CR2E034 (12/06)