

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097212

Entity Name: BOUTIQUE MONIQUE, INC.

FILED  
Apr 05, 2008  
Secretary of State

## Current Principal Place of Business:

3215 S MACDILL AVE STE J  
TAMPA, FL 33629

## New Principal Place of Business:

## Current Mailing Address:

3215 S MACDILL AVE STE J  
TAMPA, FL 33629

## New Mailing Address:

FEI Number: 20-5295139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STEWART, MONICA  
3325 BAYSHORE BLVD UNIT E-13  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

STEWART, MONICA  
3307 W SANTIAGO ST  
TAMPA, FL 33629 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: MONICA STEWART

04/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: STEWART, MONICA  
Address: 3325 BAYSHORE BLVD UNIT E-13  
City-St-Zip: TAMPA, FL 33629

Title: V ( ) Delete  
Name: STEWART, SEAN  
Address: 4306 BEACH PARK DR  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: STEWART, DIANE  
Address: 4306 BEACH PARK DR  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: STEWART, MONICA  
Address: 3307 W SANTIAGO ST  
City-St-Zip: TAMPA, FL 33629

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

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: MONICA STEWART

PT

04/05/2008

Electronic Signature of Signing Officer or Director

Date