

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050522

Entity Name: SO CHIC BOUTIQUE INC

FILED  
Apr 14, 2008  
Secretary of State

## Current Principal Place of Business:

8220 NW 172ND ST  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

8220 NW 172ND ST  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 20-8927172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARCENA, JULISSA  
8220 NW 172ND ST  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BARCENA, JULISSA  
Address: 8220 NW 172ND ST  
City-St-Zip: MIAMI, FL 33015

Title: VPD ( ) Delete  
Name: MOREIRAS, ARLINE C  
Address: 8220 NW 172ND ST  
City-St-Zip: MIAMI, FL 33015

Title: SD ( ) Delete  
Name: FERNANDEZ, MAITE  
Address: 16134 SW 44TH LN  
City-St-Zip: MIAMI, FL 33185

Title: TD ( ) Delete  
Name: VALHUERDI, CHRISTINA  
Address: 7465 SW 129TH CT  
City-St-Zip: MIAMI, FL 33183

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition  
Name: MOREIRAS, ARLINE C  
Address: 6870 LOCH NESS DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD (X) Change ( ) Addition  
Name: MOREIRAS, ARLINE C  
Address: 6870 LOCH NESS DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD (X) Change ( ) Addition  
Name: BARCENA, JULISSA  
Address: 8220 NW 172 ST  
City-St-Zip: MIAMI, FL 33015

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: ARLINE C MOREIRAS

VPD

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date