


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000046894	
1. Entity Name HEALTH BOUTIQUE, INC.	

Principal Place of Business 112 N. BIRCH RD. SUITE 501 FT. LAUDERDALE, FL 33304-4352 US	Mailing Address 112 N. BIRCH RD. SUITE 501 FT. LAUDERDALE, FL 33304-4352 US
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0499798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KIPNIS, ALAN 100 NE THIRD AVE STE 610 FORT LAUDERDALE, FL 33301-1156
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIANE BERGHEIM 3100 N OCEAN BLVD APT 801 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST B.J. FABRIC 112 N. BIRCH RD., STE. 501 FT. LAUDERDALE, FL
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01/12/04-80016-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *B.J. Fabric* **11/7/04 954-524-3838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #