

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90165 036 ***158.75

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1. Entity Name

HEH BOUTIQUE OF THE PALM BEACHES, INC.



Principal Place of Business

150 WORTH AVE
ESPLANADE WORTH AVE STORES #119 & 121
PALM BEACH, FL 33401

Mailing Address

% GOODMAN CO ESPLANADE AVE #119-121
777 S FLAGLER DR PHILLIPS PT 3 TWR 1101
WEST PALM BEACH, FL 33401-6194



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0592520

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVESTRI, LAWRENCE A
777 S FLAGLER DR
SUITE 1101E
WEST PALM BEACH, FL 33401

**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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GOODMAN, MURRAY H
STREET ADDRESS % 777 S FLAGLER DR PHILLIPS PT E TWR 1101
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE S
NAME GARVIN, DORANNE M
STREET ADDRESS 777 S FLAGLER DR. STE 1101
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE V
NAME SHEWALTER, WILLIAM A
STREET ADDRESS 777 S FLAGLER DR., SUITE 1101E
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE VP
NAME SILVESTRI, LAWRENCE A
STREET ADDRESS 777 S FLAGLER DR STE 1101E
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William A. Shewalter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05
Date

561-833-3777
Daytime Phone #

William A. Shewalter, Vice President