

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000056410	
1. Entity Name EUROPEAN ALTERATION BY TONI & TONI'S TOO BOUTIQUE, INC.	

Principal Place of Business 349 MONROE DR ST ARMANDS CIR SARASOTA, FL 34236 US	Mailing Address 349 MONROE DR ST ARMANDS CIR SARASOTA, FL 34236 US
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01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0518949	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAZELL, TINA M 349 MONROE DR SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

7. 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 registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

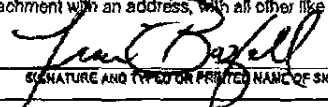
8. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AUTERI, TONI 372 WHITFIELD AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAZELL, TINA M 502 ST ANDREWS DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COIT TONIETTA 335 BUENA VISTA AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST AUTERI, DINO A 372 WHITFIELD AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/06-80012-010 150.00

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IN THIS SPACE**

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:  **Tina M. Bazell** **3/7/06** **(941) 388-1917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #