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	Mailing Address
349 MONROE DR ST ARMANDS CIR SARASOTA, FL 34236 US	349 MONROE DR ST ARMANDS CIR SARASOTA, FL 34236 US

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

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

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	AUTERI, TONI
STREET ADDRESS	372 WHITFIELD AVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	BAZELL, TINA M
STREET ADDRESS	502 ST ANDREWS DR
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	VP
NAME	COIT TONIETTA
STREET ADDRESS	335 BUENA VISTA AVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	PST
NAME	AUTERI, DINO A
STREET ADDRESS	372 WHITFIELD AVE
CITY-ST-ZIP	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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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 Tina M. Bazell 3/7/06 (941)388-1917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #