

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
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**



01312008 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**

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, 2008 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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**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tina Bazell
Tina Bazell

3/7/08
3/7/08

Date

(941)388-1917
(941)388-1917

Daytime Phone #