2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092925

FILED Sep 02, 2008 Secretary of State

Entity Name: BUT	TONS 'N' BOWS INTERNATIONA	L, INC.		
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
410 W. 49 STREET 101-104 HIALEAH, FL 33012	y US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
410 W. 49 STREET 101-104 HIALEAH, FL 33012	. US			
FEI Number: 65-062966	0 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address	of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BENZAQUEN, GAS 6000 ISLAND BLVD APT 1008 AVENTURA, FL 33				
The above named e	,	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		gent	Date	
	07.193(2)(b), F.S., the corporation did r nncing Trust Fund Contribution().	not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PD Name: BITTAN, E Address: 10155 CC	() Delete BRIGITTE DLLINS AVENUE #906	Name: BENZAQUEN	(X) Change()Addition I, GASTON BLOOM APT 1008	

MIAMI BEACH, FL 33154

City-St-Zip:

MIAMI BEACH, FL 33154 AVENTURA, FL 33160 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition BENZAQUEN, GASTON BITAN, BRIGITTE Name: Name: Address: 6000 ISLAND BLVD APT 1008 Address: 10155 COLLINS AVENUE #906 AVENTURA, FL 33160 BAL HARBOUR, FL 33154 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: BENZAQUEN, ABRAHAM B Name: Address: 10155 COLLINS AVENUE #906 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GASTON BENZAQUEN PD 09/02/2008