


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 26, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P96000008604</b> 1. Entity Name <b>HELENE HANDBAGS OF BOCA RATON, INC.</b>	
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Principal Place of Business <b>P.O. BOX 811352 BOCA RATON, FL 33481</b>	Mailing Address <b>P.O. BOX 811352 BOCA RATON, FL 33481</b>
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02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0640051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BAKER, ROBERT B 7000 WEST PALMETTO PARK ROAD SUITE 203 BOCA RATON, FL 33433</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>0000008642106 03/06/07-80054-004 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BAKER, RHODA P.O. BOX 811352 N/A BOCA RATON, FL 33481</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MIDLARSKY, HELENE 2521 NW 63RD STREET BOCA RATON, FL 33496</b>
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**DO NOT WRITE  
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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:** *Rhoda Baker* **2/17/07** **561-995-889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #