

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000008604

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: HELENE HANDBAGS OF BOCA RATON, INC.

## Current Principal Place of Business:

P.O. BOX 811352  
BOCA RATON, FL 33481

## New Principal Place of Business:

5501 N.W. 23RD AVENUE  
BOCA RATON, FL 33496 US

## Current Mailing Address:

P.O. BOX 811352  
BOCA RATON, FL 33481

## New Mailing Address:

P.O BOX 611352  
BOCA RATON, FL 33481 US

FEI Number: 65-0640051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BAKER, ROBERT B  
7000 WEST PALMETTO PARK ROAD  
SUITE 203  
BOCA RATON, FL 33433 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BAKER, RHODA  
Address: P.O. BOX 811352 N/A  
City-St-Zip: BOCA RATON, FL 33481

Title: VP ( ) Delete  
Name: MIDLARSKY, HELENE  
Address: 2521 NW 63RD STREET  
City-St-Zip: BOCA RATON, FL 33496

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BAKER, RHODA  
Address: 5501 N.W 23RD AVENUE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: VP (X) Change ( ) Addition  
Name: MIDLARSKY, HELENE  
Address: 2521 NW 63RD STREET  
City-St-Zip: BOCA RATON, FL 33496 US

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.

SIGNATURE: RHODA BAKER

P

04/09/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date