FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600040150 (0)

NATASHA'S BOUTIQUE, INC.

FILED Jan 29 1998 8:00am Secretary of State

MATAGE	IA B BOUTIQUE, INO.							
Principal Place	a of Business	Mailing Address						liir ur ii ardi
9801 BAY PINES BOULEVARD 9601 BAY PINES BOULEVARD			/ARD					
ST. PETERSBURG FL 33708 ST. PETERSBURG FL 3370						DO NOT WOLTE MIT IN		
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
						•·· · · · · · · · · · · · · · · · · ·		
Principal Pi	ace of Business	2a, Mailing Address			·	05/08/1996 4. FEI Number	A	Applied For
21 26						59-3233578		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								Additional
22 27						5. Certificate of Status Desired	Fee P	Pequired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23		28			·-	Trust Fund Contribution		
Zip Country		-	Zip Country			8. This corporation owes or has paid the co	urrent year Ir	ntangible No
24	25 9. Name and Address of Currer	29 Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered		A MO
DAN		it riogistorou Agent		81	Name	III. Hamo alla Adolosa el New Hogistele		
DANILOVA, NATALYA 9601 BAY PINES BLVD.								
ST. PETERSBURG FL 33708				82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
31.	TETERODORIO TE SOZO			83				
					- A''		 	Code
				84	City	Fi	L 65 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove	-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing	its registered
office or re agent, i ar	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fl	authorize Iorida Sta	a by lutes	the corporati	ion's board of directors. I hereby accept the ap	pointment as	s registered
SIGNATURE	· · · · · ·							ŀ
	Signature, typed or printed name of registered age			d Ager	nt signature require	ed when reinstating) DATE		
12.			13.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO Change	
TITLE	DALM ALCA 144 HACAGA		1.1 (ш слапув	
NAME	AAAA DAY DARAA BILAA			1.2 NAME 1.3 STREET ADDRESS				[
STREET ADDRESS	ST. PETERSBURG FL 33708			1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	DELETE		_	2.1 TITLE			Change	Addition
NAME			2.2 N				_ •	_
STREET ADDRESS			2.3 STR/		ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP		T-ZIP	•		
TITLE	DELETE		3.1 TI	3.1 TITLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	REET	ADDRESS			
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP			
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NAME			4.2 N		1			İ
STREET ADDRESS					ADDRESS			1
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NAME etheet annuese					ADDRESS			
STREET ADDRESS				TY-ST				ļ
CITY-ST-ZIP TITLE		DELETE	6.1](- All		Change	Addition
NAME			6.2 N				•	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-ST				
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify f				Section 119.07(3)(i), Florida Statutes. I further of	ertify that the	e information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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1-22-91 812-399 8830

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