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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040150

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NATASHA'S BOUTIQUE, INC.

Principal	Place of Business
9601- BAY	PINES BOULEVARD
ST. PETER	RSBURG FL 33708

Mailing Address

9601 BAY PINES BOULEVARD ST. PETERSBURG FL 33708

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90048 024 ***150.00



DO NOT WRITE IN THIS SPACE

		•			3. Date Incorporated or Qualifed 05/08/1996	
2 Principal Pl	lace of Business	2a, Mailing Address		·	4 FEI Number Applied For	
21	lace of Basiless	26. Walling Address			59-3233578 59-3485091 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & State	e .	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country (25)	Zip 29 30	Country (15A	8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
DANILOVA, NATALYA 9601 BAY PINES BLVD.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
ST. F	PETERSBURG FL 33708		83		7.	
			84	City	FL 85 Zip Code	
SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE: Regi	stered Age		red when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Additio	
NAME	DANILOVA, NATALYA		1.2 NAME			
STREET ADDRESS	9601 BAY PINES BLVD.	1	1.3 STREE	TADORESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33708		1.4 CITY-5	ST- ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Additio	
NAME			2.2 NAME		<i>,</i> •	
STREET ADDRESS)		2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Additio	
NAME			3.2 NAME			
STREET ADDRESS		1	3 3 STREE	T ADDRESS	·	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		į	4. 2 NAME			
STREET ADDRESS	1		4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 C/TY-5	ST-ZIP	· .	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME.			5.2 NAME	•		

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 receiver 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, with all other like empowered.

5.3 STREET ADDRESS

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

☐ Change

☐ Addition