


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90076 042 \*\*\*150.00

<b>DOCUMENT # P98000026344</b>	
1. Entity Name ATTRACTIVELY CHIC BOUTIQUE INC	

Principal Place of Business 7820 SHADOWOOD DRIVE #318 WEST MELBOURNE, FL 32904	Mailing Address 7820 SHADOWOOD DRIVE #318 WEST MELBOURNE, FL 32904
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2. Principal Place of Business 4301 N WICKHAM RD Suite, Apt. #, etc. STE # 7 City & State MELBOURNE, FL Zip 32935-2400 Country	3. Mailing Address 4301 N WICKHAM RD Suite, Apt. #, etc. STE # 7 City & State MELBOURNE, FL Zip 32935-2400 Country
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01222004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3498618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WARD, VALERIA K 7820 SHADOWOOD DR. #318 W. MELBOURNE, FL 32904	
7. Name and Address of New Registered Agent Name VALERIA RENER Street Address (P.O. Box Number is Not Acceptable) 4301 N WICKHAM RD. STE # 7 City MELBOURNE FL Zip Code 32935-2400	

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 VALERIA RENER JAN 22 2004  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, VALERIA K 7820 SHADOWOOD DRIVE, #318 WEST MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RENER, VALERIA 4301 N WICKHAM RD # 7 MELBOURNE, FL 32935-2400 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Valeria Rener VALERIA RENER, JAN 22 2004 321-255-4247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #