


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000038091</b>	
<b>1. Entity Name</b> THE ALTERATION PLACE, INC.	

<b>Principal Place of Business</b> 2125 W. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607	<b>Mailing Address</b> 2125 W. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

<b>4. FEI Number</b> 58-2389767	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BAUTISTA, EUSEBIA M 2125 W. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>DP</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	BAUTISTA, EUSEBIA M	<b>NAME</b>	U000000449718		
<b>STREET ADDRESS</b>	2125 W. MARTIN LUTHER KING JR. BLVD.	<b>STREET ADDRESS</b>	03/09/06-80063-014 150.00		
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>DST</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	GONZALEZ, PAULA M	<b>NAME</b>			
<b>STREET ADDRESS</b>	2125 W. MARTIN LUTHER KING JR. BLVD.	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *X E. Bautista* **E. BAUTISTA** *2/10/06*