

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90359 050 ***150.00

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1. Entity Name
ELLUS MODA BOUTIQUE, INC.



Principal Place of Business
4616 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 US

Mailing Address
10308 BROOKVILLE LN.
BOCA RATON, FL 33428

50041151



DO NOT WRITE IN THIS SPACE

04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0866999

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

DEANDRADE, CLOVIS L
10308 BROOKVILLE LN.
BOCA RATON, FL 33428

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IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DEANDRADE, CLOVIS L
STREET ADDRESS 10308 BROOKVILLE LN.
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE PVST
NAME DEANDRADE, CLOVIS L
STREET ADDRESS 10308 BROOKVILLE LN.
CITY-ST-ZIP BOCA RATON, FL 33428

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STREET ADDRESS
CITY-ST-ZIP

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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: *Deandra L. De Andrade*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.14.05
Date

Daytime Phone #