

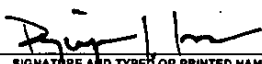


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # V59740 1. Entity Name PLAZA BOUTIQUE, INC.			
Principal Place of Business 777 E. ATLANTIC AVENUE SUITE C-6 DELRAY BEACH, FL 33483		Mailing Address 777 E. ATLANTIC AVENUE SUITE C-6 DELRAY BEACH, FL 33483	
DO NOT WRITE IN THIS SPACE			
		01102007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0354981	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 BOONCHURD, CHAVEEVAN 626 LINDELL BLVD DELRAY BEACH, FL 33444		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000629367 02/16/07-80055-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOONCHURD, CHAVEEVAN 626 LINDELL BLVD DELRAY BEACH, FL 33444	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, PAJARIYA J. 1479 NE 28TH CT POMPANO BEACH, FL 33064		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  2-1-07		(561) 243-9890	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	