



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V59740</b> 1. Entity Name PLAZA BOUTIQUE, INC.	
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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
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DO NOT WRITE IN THIS SPACE

	
01072008	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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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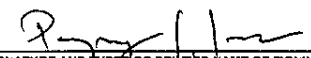
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOONCHURD, CHAVEEVAN 626 LINDELL BLVD DELRAY BEACH, FL 33444
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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/04/08-80033-001 150.00

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: X**  **4-25-08** **(561) 243-9890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #