
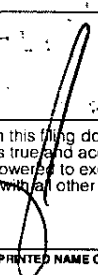


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90025 025 ***150.00

DOCUMENT # P0000064995			
1. Entity Name NO LINES TANNING BAR CORP.			
Principal Place of Business P.O. BOX 21026 FORT LAUDERDALE, FL 33335		Mailing Address P.O. BOX 21026 FORT LAUDERDALE, FL 33335	
2. Principal Place of Business 627 Washington Ave		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33139		Country	
Country Dade		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUTECKI, HEATHER A ESQ. % RUTECKI & ASSOCIATES, P.A. 100 SOUTHEAST 2ND STREET, 34TH FLOOR MIAMI, FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMEO, RONALD P.O. BOX 21026 FORT LAUDERDALE, FL 33335 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Demeo, Ronald F. 401 SW 42 Ave Miami, FL 33134 <input checked="" 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
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
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
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 an other like empowered.			
SIGNATURE: 		Date 1-29-04 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

24005970



01262004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1027955** Applied For Not Applicable

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