


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90265 001 ***550.00
 06-04-2004 90265 002 ***150.00

DOCUMENT # P03000142813

1. Entity Name
 THE ECLECTIC TOUCH, INC.



Principal Place of Business Mailing Address

1557 EUCLID AVE #2 1557 EUCLID AVE #2
 MIAMI BCH, FL 33139 MIAMI BCH, FL 33139

66426650



2. Principal Place of Business 3. Mailing Address

109 NW 6th Av
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 2

06012004 Chg-P CR2E034 (10/03)

City & State City & State

MIAMI

Zip Country Zip Country

33128

4. FEI Number Applied For

04-1629463 Not Applicable

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

6. Name and Address of Current Registered Agent

BIRIGALDI, NELLY M
 1557 EUCLID AVE #2
 MIAMI BCH, FL 33139

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	GIRIBALDI, NELLY M	1557 EUCLID AVE #2	MIAMI BCH, FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Nelly Giribaldi

Date: Hard 30'04 Daytime Phone #: 305-302-4169

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

Attachment

March 30, 2004

66426650
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Florida Department of State
Division of Corporation

Ref.: Annual Report Notice

Dear Sirs:

I am attaching a check for \$ 550 for my Annual Report.

As I didn't receive any notice I am also attaching also a check for \$ 150.

Please take note of the change of address: 109 NW 6th Av. # 2 Miami, FL 33128.

~~The last name in box 6 is misspelled. It is GIRIBALDI, NELLY-M.~~

Sincerely,



Nelly Giribaldi
DPresident
The Eclectic Touch