2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P04000107952

Entity Name: EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.

Current Principal Place of Business:

11373 WEST FLAGLER STREET
#209
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

11373 WEST FLAGLER STREET
#209
MIAMI, FL 33174

New Mailing Address:

FEI Number: 20-1394952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PESANTES, EDIMIA M
11373 WEST FLAGLER STREET
#209
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: PESANTES, EDIMIA M
Address: 11377 W. FLAGLER ST.
City-St-Zip: MIAMI, FL 33174

Title: VPSD ( ) Delete
Name: PIEDRA, ZORAIDA
Address: 11373 W FLAGLER ST STE 309
City-St-Zip: MIAMI, FL 33174

Title: AD ( ) Delete
Name: CUERVO, FANERY
Address: 11373 W FLAGLER STR STE 209
City-St-Zip: MIAMI, FL 33174

Title: PTD ( ) Delete
Name: PESANTES, EDIMIA
Address: 11373 W FLAGLER ST STE 209
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDIMIA PESANTES PTD 03/20/2009

Electronic Signature of Signing Officer or Director — Date