


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90038 047 \*\*\*150.00

<b>DOCUMENT # P93000050407</b> 1. Entity Name <b>CESARS BEAUTY, INC.</b>	
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>2900 W SAMPLE RD</b> <b>BAY 440</b> <b>POMPANO BEACH, FL 33073 US</b>	Mailing Address <b>2900 W SAMPLE RD</b> <b>BAY 440</b> <b>POMPANO BEACH, FL 33073 US</b>
---------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------



2. Principal Place of Business Suite, Apt. #, etc. <i>2900 W. Sample Rd</i> <b>BAY 270</b>	3. Mailing Address Suite, Apt. #, etc. <i>2900 W. Sample Road</i> <b>BAY 270</b>	City & State <i>Pompano Bch., FL</i> <b>Pompano Beach, FL</b>	City & State <i>Pompano Beach, FL</i> <b>Pompano Beach, FL</b>
Zip <b>33073</b>	Country <b>USA</b>	Zip <b>33073</b>	Country <b>USA</b>

07152005	Chg-P	CR2E034 (10/03)
4. FEI Number <b>65-0426518</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ZEITLER, MARC**  
**2900 W SAMPLE RD**  
**BAY 440**  
**POMPANO BEACH, FL 33073**

**7. Name and Address of New Registered Agent**

Name: *Zeitler, Marc*  
 Street Address (P.O. Box Number is Not Acceptable): *2900 W. Sample Road*  
*Bay 270*  
 City: *Pompano Bch.* **FL** Zip Code: *33073*

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**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> Delete
NAME	ZEITLER, MARC
STREET ADDRESS	2900 W SAMPLE RD BAY 440
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>Bay 270</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Marc Zeitler* *7/15/05* *954-970-4002*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
50056054

MARKROB ACCOUNTING SERVICE, INC.

PO BOX 771210  
CORAL SPRINGS, FL. 33077-1210  
954.346.7288-BROWARD 954.346.7217-FAX  
954.434.5996-S.BROWARD 305.621.9382-DADE

07/15/05

Florida Dept of State  
Annual Reports Filings  
Division of Corporations  
PO BOX 6327  
Tallahassee, Fl. 32314

Re: Corporate Renewals

Cesars Beauty, Inc.  
P93000050407

To Whom It May Concern:

We are requesting acceptance of the enclosed filing for the 2005 Uniform Business report for our client Cesars Beauty, Inc.

While in our office we determined the client had not filed his 2005 corporate renewal, the client advised us that he had not received any notification from the state and could we assist him with the renewal.

We therefore printed a new UBR report and determined that under FS 607.193(2)(b), since the client had not received notification the penalty can be waived.

We therefore request acceptance of the 2005 UBR as filed and to waive any penalty due to an address change.

Should you have any questions, please feel free to contact the client.

Thank you,  
Sincerely,

David Hernandez