

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91051 007 ***150.00

DOCUMENT # P99000054616

1. Entity Name
LUPE BEAUTY SALON CORPORATION



Principal Place of Business
11318 SOUTHWEST QUAIL ROOST DR.
MIAMI, FL 33157

Mailing Address
11318 SOUTHWEST QUAIL ROOST DR.
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0927489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, ROSARIO G
11318 SOUTHWEST QUAIL ROOST DR.
MIAMI, FL 33157

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME	P MARTINEZ, ROSARIO G
STREET ADDRESS CITY - ST - ZIP	11318 SOUTHWEST 186TH STREET MIAMI, FL 33157
TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	
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TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 305.295.3332
Date Daytime Phone #