

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000071252

1. Entity Name
ESTETICA AT PALM COAST, INC.



Principal Place of Business
29 OLD KINGS ROAD, NORTH
SUITE 3A
PALM COAST, FL 32137

Mailing Address
29 OLD KINGS ROAD, NORTH
SUITE 3A
PALM COAST, FL 32137

FILED
Feb 11, 2005 08:00 AM
Secretary of State



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3397173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELLA RATTA, MASSIMO A
49 LUTHER DR.
PALM COAST, FL 32137

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 STREET ADDRESS CITY-ST-ZIP	PD DELLA RATTA, MASSIMO A 49 LUTHER DR. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELLA RATTA, SHARON H 49 LUTHER DR. PALM COAST, FL 32137
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IN THIS SPACE**

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02/11/05-80013-001 150.00

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:

Massimo Della Ratta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-05 386 464-1209