

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90011 036 ***150.00

DOCUMENT # F04000002273

1. Entity Name
PURE ESSENCE LABORATORIES, INC.



Principal Place of Business
**1999 WHITNEY MESA DR. STE A
HENDERSON, NV 89014**

Mailing Address
**1999 WHITNEY MESA DR. STE A
HENDERSON, NV 89014**

50001414

2. Principal Place of Business

3. Mailing Address

PO BOX 95397

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAS VEGAS, NV

Zip

Country

Zip

89193

Country

USA

01042005

Chg-P

CR2E034 (10/03)

4. FEI Number

86-0886311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARBASH, DAVID
18762 93RD RD-N
LOXAHATCHEE, FL 33470**

*NEW
ADDRESS
only*

7. Name and Address of New Registered Agent

Name **BARBASH, DAVID**

Street Address (P.O. Box Number is Not Acceptable)

18651 S.E. LAKESIDE WAY

City **TEQUESTA**

FL

Zip Code

33469

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 reinstating)

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 **PST** ☐ Delete
NAME **RUBINSTEIN, ALAN**
STREET ADDRESS **8860 AURORA LIGHT WAY**
CITY-ST-ZIP **LAS VEGAS, NV 89123**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

ALAN RUBINSTEIN

1/4/05 702-990-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #