

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032061

**FILED**  
**Jan 14, 2004**  
**Secretary of State**

**Entity Name:** GAPARDIS HEALTH & BEAUTY, INC.

**Current Principal Place of Business:**

4686 NW 74TH AVE  
MIAMI, FL 33166

**New Principal Place of Business:**

6844 NW 77 COURT  
MIAMI, FL 33166

**Current Mailing Address:**

4686 NW 74TH AVE  
MIAMI, FL 33166

**New Mailing Address:**

6844 NW 77 COURT  
MIAMI, FL 33166

**FEI Number:** 65-1005540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOLSKI, STEVE  
169 EAST FLAGLER STREET  
1700 ALFRED DUPONT BUILDING  
MIAMI, FL 33131 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: PD ( ) Delete  
Name: FARAH, MICHEL  
Address: 4686 NW 74TH AVE  
City-St-Zip: MIAMI, FL 33166

Title: VD ( ) Delete  
Name: SABA, TANIOS  
Address: 4686 NW 74TH AVE  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FARAH, MICHEL  
Address: 6844 NW 77 COURT  
City-St-Zip: MIAMI, FL 33166

Title: VD (X) Change ( ) Addition  
Name: SABA, TANIOS  
Address: 6844 NW 77 COURT  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHEL FARAH

PD

01/14/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date