

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

08-13-2004 90068 012 ***150.00
P00000062804

DOCUMENT # P00000062804

1. Entity Name
HEALTH & BEAUTY DIAGNOSTICS, INC.



FILED
Aug 17, 2004 8:00 A.M.
Secretary of State

Principal Place of Business
16800 NW 2ND AVE
#107
N MIAMI BEACH, FL 33169 US

Mailing Address
1515 UNIVERSITY DRIVE
#222
CORAL SPRINGS, FL 33071



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1020003

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPSON, SAUL B
1515 UNIVERSITY DRIVE
#222
CORAL SPRINGS, FL 33071

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIAMS, MARIE
STREET ADDRESS 16800 NW 2ND AVENUE SUITE 107
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33169

TITLE V
NAME BORKOWSKI, PIOTR
STREET ADDRESS 16800 NW 2ND AVE STE 107
CITY-ST-ZIP N MIAMI BEACH, FL 33169

TITLE ST
NAME HOLEWINSKI, JEAN E
STREET ADDRESS 16800 NW 2ND AVE STE 107
CITY-ST-ZIP N MIAMI BEACH, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIOTR BORKOWSKI

08/04/04 (954) 378 5256

292

THE LIPSON PROFESSIONAL GROUP, INC.
D/B/A SAUL B. LIPSON & Co.

Saul B. Lipson, M.Acc., EA, CFP
•TAX PLANNING AND PREPARATION
•COMPLETE ACCOUNTING SERVICES
•INVESTMENT AND RETIREMENT PLANNING

1515 UNIVERSITY DRIVE-SUITE 222
CORAL SPRINGS, FLORIDA 33071
TELEPHONE: 954.755.4405
FAX: 954.344.3694
EMAIL: Saul@LipsonGroup.com

August 2, 2004

Divisions of Corporations
P.O. Box 6198
Tallahassee, Florida 32314

Re: Health & Beauty Diagnostics, Inc.
16800 N.W. 2nd Avenue #107
North Miami Bch, Florida 33169
EIN 65-1020003

To Whom It May Concern,

Please find enclosed a check for \$150.00 and the Annual Report for the 2004. The above taxpayer did not receive the renewal Annual Report card for 2004. This has created the Annual Report Notice of Intent to Dissolve.

Thank you for your prompt attention to this matter.

Sincerely,


Saul B. Lipson

