



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90003 022 \*\*\*150.00

<b>DOCUMENT # P00000080797</b> 1. Entity Name <b>SACHA COSMETICS, INC.</b>					
Principal Place of Business <b>2275 S. FEDERAL HWY., #310</b> <b>DELRAY BEACH, FL 33483</b>			Mailing Address <b>2275 S. FEDERAL HWY., #310</b> <b>DELRAY BEACH, FL 33483</b>		
2. Principal Place of Business  Suite, Apt. #, etc. <b>Suite 320</b> City & State 		3. Mailing Address <b>1031 No. Miami Beach Blvd.</b> Suite, Apt. #, etc. 		 06292004    Chg-P    CR2E034 (10/03)	
City & State 		City & State <b>No. Miami Beach, FL</b>		4. FEI Number <b>65-1106272</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAKER, CYNTHIA</b> <b>2275 S. FEDERAL HWY., #310 # 320</b> <b>DELRAY BEACH, FL 33483</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, CYNTHIA</b> <b>2275 S. FEDERAL HWY. #310 # 320</b> <b>DELRAY BEACH, FL 33483</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIASI, LOUIS</b> <b>2275 S. FEDERAL HWY #310 # 320</b> <b>DELRAY BEACH, FL 33483</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>6/29/04</b> Daytime Phone # _____		

Attachment  
Doc. # 00000080797  
54059879

## IMBER & COMPANY

Certified Public Accountants

1031 North Miami Beach Boulevard  
North Miami Beach, Florida 33162

Phone: (305) 949-8361

(800) 829-3279

Fax: (305) 956-5131

Email: imber@imberandcompany.com

June 29, 2004

Division of Corporations

P.O. Box 1500

Tallahassee, Florida 32302-1500

Re: Sacha Cosmetics, Inc.  
Employer ID # 65-1106272


Dear Sir or Madam:

Enclosed please find the 2004 for Profit Corporation Annual Report and a check for \$150 in payment thereof for the above-referenced taxpayer. Please accept the \$150 instead of the \$550 since the address on the report had the wrong suite number. It has Suite 310 and our correct suite number is 320. We are now changing the address to our accounting firm so there will be no problem in the future.

Thanking you in advance for your consideration in this matter.

Very truly yours,

IMBER & COMPANY



Barry A. Imber  
Certified Public Accountant

BAI:rci  
Enclosures

cc: Louis Biasi