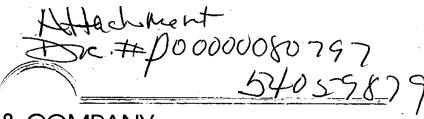
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # P0000080		~ }	07-06-2004 90003 022 ***150.00				
	1			<b>7</b> }				
Principal Plac	e of Business	Mailing Address	illing Address					
	ERAL HWY., <del>#310</del>	2275 S. FEDERAL HWY.,	2275 S.: FEDERAL HWY., #310-					
DELRAY BEA	CH, FL 33483 *	DELRAY BEACH, FL-334	DELRAY BEACH, FL-33483-					
				<u> </u>	I <b>15</b> 10 E <b>3</b> 41 <b>35</b> 01 <b>13</b> 04 <b>68</b> 4	11 <b>4 6 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
( ' T		3. Mailing Address	<u> </u>					
Suite, Apt. #, etc.			O31 No. Miami Beach B Suite, Apt. #, etc.					
Suite 320		Soile, Apr. #, etc.	Goile, Apt. #, etc.		06292004 Chg-P CR2E034 (10/03)			
City & State		City & State			er		Apı	plied For
<del></del>		<del></del>	o. Miami Beach, FL		65-1106272 Not Applicable  5 Cartificate of Status Penind   \$8.75 Additional			
Zip	Country	Zip	Country	5. Certificate	of Status Desired		<b>75</b> Addi Required	
	6. Name and Address of Current	US,	7. Name and Address of New Registered Agent					
Name Name								
BAKER, CYNTHIA  2275 S. FEDERAL HIMY #940 # 3.2.0  Street Address (P.O. Box Num						e)		
2275 S. FEDERAL HWY., #310								
			}					}
			City			FL	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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	LE NOW!!! FEE IS \$150.00	9. Election Campaign	n Financino 😻	5.00 May Be	In geordenes	with a 607 103	/2\/ <b>L</b> \ [	= 0 tha
	ue by September 8, 2004	Trust Fund Contrib		ided to Fees	In accordance v corporation did	not receive the	(2)(0), r prior n	otice.
10. OFFICERS AND DIRECTORS			11.	ADDITIONS	CHANGES TO OFF	ICEDS AND DID	ECTORS	
TITLE	D	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition					
NAME	BAKER, CYNTHIA	☐ Delete	NAME			<del></del>	·	_
STREET ADDRESS	2275 S. FEDERAL HWY. #910	STREET ADDRESS						
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP					
TITLE NAME	DIASI, LOUIS	- Delete	TITLE NAME			. П	Change	☐ Addition
STREET ADDRESS	2275 S. FEDERAL HWY #310	STREET ADDRESS					ĺ	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY - ST - ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS.	4		NAME STREET ADDRESS	·	_			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete	TITLE		<u> </u>		Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP					}
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME		TT Delete	NAME			السا	change	Addition
STREET ADDRESS			STREET ADDRESS					İ
CITY-ST-ZIP			CITY-S1-ZIP	<del></del>		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME	1	☐ Delete	"TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify for the	ne exemption stated in S	Section 119.07(3)	(i), Florida Statutes.	I further certify the	at the in	formation or director
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 supplied explored 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 rustee empoywered 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:								

SIGNATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR



## **IMBER & COMPANY**

## Certified Public Accountants

1031 North Miami Beach Boulevard North Miami Beach, Florida 33162 Phone: (305) 949-8361 (800) 829-3279

- (800) 829-3279 Fax: (305) 956-5131

Email: imber@imberandcompany.com.

June 29, 2004

Division of Corporations

P.O. Box 1500

Inllåigssec, Florida, 32302 (1<u>5</u>10)

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

BAl:rcl

Enclosures

cc: Louis Biasi

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