


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90009 013 \*\*\*150.00

|  |   |
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| <b>DOCUMENT # P00000107716</b><br>1. Entity Name<br>EDITA'S BEAUTY SALON & SPA, INC. |  |
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|   |   |
|---|---|
| Principal Place of Business<br>11980 S.W. 8TH STREET, #8<br>MIAMI, FL 33193 33184 | Mailing Address<br>11980 S.W. 8TH STREET, #8<br>MIAMI, FL 33193 33184 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



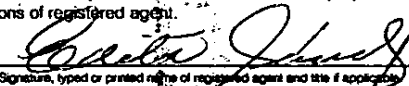
03152005 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1060002 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>SANCHEZ, EDITA<br>11980 SW 8TH STREET #8<br>MIAMI, FL 33193 33184 |
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|   |  |
|---|--|
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                   | DATE 3/20/05<br><small>(NOTE: Registered Agent signature required when reappointing)</small> |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>SANCHEZ, EDITA<br>11980 SW 8TH STREET, #8<br>MIAMI, FL 33193 33184 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:  3/15/05 305 5592305 | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|---|---|---------------------|--------------------------------|