2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 30, 2005 08:00 AM **DOCUMENT # P01000028249 Secretary of State** 1. Entity Name SALUD Y BELLEZA, INC. Mailing Address Principal Place of Business 8911 COLLINS AVE #702 8911 COLLINS AVE #702 SURFSIDE, FL 33154 SURFSIDE, FL 33154 %F,-,,,.4.05F& No Chg-P CR2E034 (10/03) 04252005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1085814 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIVALE, ALBA S DO NOT WRITE 8911 COLLINS AVE #702 SURFSIDE, FL 33154 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 little # applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees H00000345087 10. OFFICERS AND DIRECTORS 04/30/05-80022-003 150.00 TITLE MONROY, HERNANDO NAME 8911 COLLINS AVENUE, #302 STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 33154 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

AME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #