## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P0100003 AILS GROOMING SALON					<b>™</b> iab T	04-02-2004	4 90058 028 ***1	
Principal Plac	e of Business	Mailing Address	1					24022052	1
7590 NW 18		7590 NW 186TH STRE	ET					24032973	
107	204.5	107							
MIAMI, FL 3	3015	MIAMI, FL 33015					I II I	<b> </b>	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03292004	Chg-P	CR2E034 (10/03)	
City & State		City & State				4. FEI Numbe			oplied For ot Applicable
Zip	Country	Zip	Count	ry		5. Certificate	of Status Desired	\$8.75 Add	
	6. Name and Address of Curren	t Registered Agent		<del></del>		7. Name and	Address of New Re		<u> </u>
				Name				<u></u>	
CALVO, HUMBERTO 11350 SW 42ND STREET			Ì	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33165			STE 202				Jica	
				City	71AA	11		FL Zip Cod	\$15
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or	registere	ed agent, or bott	n, in the State of Flor	ida. I am familiar with,	and accept
the obligat	ions of registered agent.	<i>+</i> / )				•	^	101.	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT)	E: Registered	Agent signatur	re required:	when reinstating)		729/09 DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	· F:	cina					
	ay 1, 2004 Fee will be \$550	Trust Fund Cont				00 May Be ed to Fees			
10.	ay 1, 2004 Fee will be \$550 OFFICERS ANI	D DIRECTORS	tribution.			ed to Fees	CHANGES TO OFFIC	CERS AND DIRECTOR	
10.	ay 1, 2004 Fee will be \$550 OFFICERS AND	Trust Fund Cont	11.			ed to Fees	CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11
10.	ay 1, 2004 Fee will be \$550 OFFICERS ANI	D DIRECTORS	11. TITLE NAME		Adde	ADDITIONS/0	CHANGES TO OFFICE  186 ST  FL 3:	<b>≯</b> ££bange	
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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), Horida 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: \_

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/29/04(305)828536