


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000046629</b> 1. Entity Name CATAUR'S BEAUTY PARLOR INC.	
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Principal Place of Business 10701 SW 3 ST MIAMI, FL 33174	Mailing Address 10701 SW 3 ST MIAMI, FL 33174
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04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

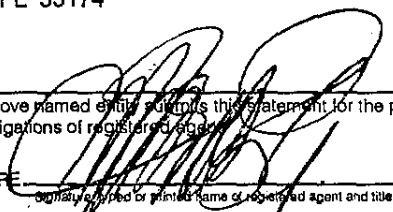
4. FEI Number 65-1101629	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ROSALES, MARLENE  
10701 SW 3 ST  
MIAMI, FL 33174

**DO NOT WRITE  
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 04-28-05

<b>FILE NOW!!! FEE IS \$150.00 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARLENE DEL SOCORRO ROSALES 10701 SW 3 ST MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CABEZAS, RORAIMA 10701 SW 3 ST MIAMI, FL 33174
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U00000352025  
05/03/05-80010-025 150.00

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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)(f), 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 for all other line empowered.

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE: 04-28-05 DAYTIME PHONE #