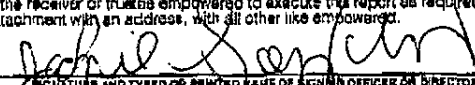


FILED
May-05, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000054286			
1. Entity Name THE FACEMAKER SALON, CORP.			
Principal Place of Business 5225 COLLINS AVENUE SUITE 415 MIAMI BEACH, FL 33140	Mailing Address 5225 COLLINS AVENUE SUITE 415 MIAMI BEACH, FL 33140		
DO NOT WRITE IN THIS SPACE			
		04302004 No Chg-P CR25004 (10/03)	
		4. FEI Number 65-1120859	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DIAZ, OSVALDO J 7951 S.W. 40TH STREET SUITE 205 MIAMI, FL 33155		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when updating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000155961 05/05/04-80058-009 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTVS GONZALEZ, JACQUELINE M 5225 COLLINS AVENUE SUITE 415 MIAMI BEACH, FL 33140		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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)(c), 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 807, 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 empowerment.			
SIGNATURE: 		4/29/04 305-861-1255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR			