

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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**



01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1120859 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DIAZ, OSVALDO J
7951 S.W. 40TH STREET
SUITE 206
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000197218
01/26/05-80103-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | PVTD |
| NAME | GONZALEZ, JACQUELINE M |
| STREET ADDRESS | 5225 COLLINS AVENUE SUITE 415 |
| CITY - ST - ZIP | MIAMI BEACH, FL 33140 |

| | |
|-----------------|-----------------------|
| TITLE | SD |
| NAME | LOPEZ, MIGDALIA |
| STREET ADDRESS | 5225 COLLINS AVENUE |
| CITY - ST - ZIP | MIAMI BEACH, FL 33140 |

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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 title empowered.

SIGNATURE: *Abbie S. [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/05 *305-864-1861*
Date Daytime Phone #