## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000067967

1. Entity Name

ANGELS COSMETICS, FINE FRAGRANCES AND SKIN CARE, INC.



Principal Place of Business

D

9375 HWY, 98 WEST, SUITE 16 DESTIN, FL 32550

Mailing Address

9375 HWY. 98 WEST, SUITE 16 DESTIN, FL 32550

**FILED** Apr 30, 2004 08:00 AN Secretary of State

\$8.75 Additional

Fee Required



A MAT WE		THIS	SPACE	02082004	No Chg-P	CR2E034 (10	/03)	
O MOI WH				4. FEI Number			Applied For	ı
				59-37304	101		Not Applica	elds

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

6. Name and Address of Current Registered Agent

changed, or on an attachment with as address, with all other

STEPHENS, NINA 155 BAIRD ST. SANTA ROSA BCH, FL 32459 DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

the obligat	Signature, typed or printed name of registered agent und tale.	4/64/04 DATE 4					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS		······································			
INTLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, NINA 155 BAIRD ST. SANTA ROSA BCH, FL 32459			U00000143209 04/30/04-80081-023 150.00			
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THEE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T						
TITLE NAME STREET ADDRESS CRY-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							