

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

06-21-2004 90003 018 ***150.00
FILED P01000116568

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DOCUMENT # P01000116568

1. Entity Name

ELSA'S BATH AND BEAUTY INC.



04 AUG 13 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

34006104

Principal Place of Business

1100 NE 163 ST.
102
NORTH MIAMI BEACH FL 33162

Mailing Address

85 GRAND CANAL DR.
207
MIAMI FL 33144

2. Principal Place of Business

760 WEST Sample Rd
Suite, Apt. #, etc.
Bay 9

3. Mailing Address

P.O. Box 398522
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

04

City & State

Pompano Bch - FL

City & State

M. Bch - FL

4. FEI Number

01-6633892

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

33239

Country

Dade

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DAWSON, RAYMOND M SR
7420 NW 4TH ST
308
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name Chris Angelini

Street Address (P.O. Box Number is Not Acceptable)

108 S. Miami Avenue, 3rd floor, ste 300

City Miami

FL Zip Code 33130

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.

Chris Angelini (President)

(NOTE: Registered Agent signature required when reinstating)

DATE

JUN 7/04

FILE NOW!!! FEE IS \$550.00

DUE BY: September 8, 2004

Make Check Payable to Florida Department of State

\$ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DAWSON, RAYMOND M SR
STREET ADDRESS 7420 NW 4TH ST #308
CITY- ST- ZIP PLANTATION FL 33317 ☒ Delete

TITLE President
NAME Chris Angelini
STREET ADDRESS P.O. Box 398522
CITY- ST- ZIP M. Bch - FL 33239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Angelini (President)

Date

JUN 7/04 305-752-3930

Daytime Phone #

Attachment

2012

54058194
#P01000116568

TO WHOM IT MAY CONCERN:

WE NEVER RECEIVED
THE - CORPORATIONS - RENEWALS -
AND HAD BEEN REQUESTING THEM
FOR QUITE SAME TIME.

FINALLY THEY CAME AND
WE HAVE BEEN TOLD JUST
SEND THE \$150 AND IT
WILL BE SATISFACTORY TO
KEEP OUR CORPORATION
UPDATED.

THANK YOU,

Chris Angelini

