

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-17-2005 90003 023 ***150.00
P01000116568

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -9 PM 12:54

DOCUMENT # P01000116568 1. Entity Name ELSA'S BATH AND BEAUTY INC.					
Principal Place of Business 760 WEST SAMPLE ROAD BAY 9 POMPANO BEACH, FL 33064				Mailing Address POST OFFICE BOX 398522 MIAMI BEACH, FL 33239	
2. Principal Place of Business 760 W. Sample Road		3. Mailing Address P.O. Box 398522			
Suite, Apt. #, etc. Bay 9		Suite, Apt. #, etc.			
City & State Pompano Bch - FL		City & State Mia Bch - FL 33239			
Zip 33064	Country USA	Zip 33239	Country USA		
4. FEI Number 01-6633892				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 ANGELINI, CHRIS 108 S. MIAMI AVENUE 3RD FLOOR, SUITE 300 MIAMI, FL 33130			7. Name and Address of New Registered Agent Name Angelini Chris Street Address (P.O. Box Number is Not Acceptable) 888 Brickell Key Dr. # 605 City Miami FL Zip Code 33131		
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  Chris Angelini (P) May 31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANGELINI, CHRIS <input checked="" type="checkbox"/> Delete POST OFFICE BOX 398522 MIAMI BEACH, FL 33239		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Angelini, Chris 888 Brickell Key Dr. # 605 Mia -	
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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 like empowered.					
SIGNATURE:  Chris Angelini (P) May 31/05 786-286-9936 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					