2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91009 009 ***158.75

DOCUMENT # P02000000213 1. Entity Name PURE BLISS, INC.				04-26-2004 91009 009 ***158.75
4245 N FEDERAL HIGHWAY		Mailing Address 4245 N FEDERAL H BOCA RATON, FL 3		54042142
Principal Place of Business 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222004 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 45-0519398 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
GURFINKIEL, NATASHA 4245 N FEDERAL HIGHWAY BOCA RATON, FL 33431				7. Name and Address of New Registered Agent David Rass: Iddress (P.O. Box Number is Not Acceptable) Pederal Hwy Doca Raton FL Zip Code 33431
signature	named entity submits this statement of registered agent. Signature, typed or printed name of registered agent. E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	gent and title if app&cable. () its registered office or NOTE: Registered Agent signatu npaign Financing	registered agent, or both, in the State of Florida. I am familiar with, and accept 4/23/64
10.	OFFICERS A	ND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CLEY-ST-ZIP	PD GURFINKIEL, NATASHA 4245 N FEDERAL HIGHWAY BOCA RATON, FL 33431	反 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President \ \(\text{Change} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NAME STREET ADDRESS CITY-ST-ZIP	VD GURFINKIEL, JANE 4245 N FEDERAL HIGHWAY BOCA RATON, FL 33431	⊠ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	Vice President \(\times \) Change \(\times \) Addition Maria F. Kasapidis 4245 N. Federal Hwy Boca Raton F1 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. معنی ۲ سیسی ۲ سیسی	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Change Addition George Rassi 4245 N. Federal Hwy Boca Raton, F1 33431
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
HILL NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME SYREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
indicated of the co		ort is true and accurate and the moowered to execute this re	nat my signature snail r port as required by Ch	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT	URE:	D OR PRINTED NAME OF SIGNING OFF	TATE OF CIPECTOR	9/33/04 Oate Davime Phone #