## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000006542

JACKSONVILLE, FL 32207

City-St-Zip:

FILED Mar 30, 2004 Secretary of State

Entity Name: JUST FACES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1152 MORVENWOOD ROAD JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 1152 MORVENWOOD ROAD JACKSONVILLE, FL 32207 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, J. FELIPE 1152 MORVENWOOD ROAD JACKSONVILLE, FL 32207 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PVD ( ) Delete Title: () Change () Addition GARCIA, J. FELIPE Name: Name: 1152 MORVENWOOD ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GARCIA, KIMBERLY L Name: 1152 MORVENWOOD ROAD Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY L. GARCIA 03/30/2004 S