


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90091 031 ***150.00

DOCUMENT # P02000016394	
1. Entity Name MARINA'S FACE, BODY & NAIL CARE OF LONGBOAT KEY, INC.	

Principal Place of Business 3172 GULF OF MEXICO DR 595 BAY ISLES RD STE 1208 LONGBOAT KEY FL 34228	Mailing Address 3172 GULF OF MEXICO DR 595 BAY ISLES RD STE 1208 LONGBOAT KEY FL 34228
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2. Principal Place of Business 3172 GULF OF MEXICO DR	3. Mailing Address 3172 GULF OF MEXICO DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LONGBOAT KEY FL 34228	City & State LONGBOAT KEY, FL	4. FEI Number 75-3028064	Applied For <input type="checkbox"/> Not Applicable
Zip 34228	Country SARASOTA	Zip 34228	Country SARASOTA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent VARON, A MARINA 3408 45TH STREET WEST BRADENTON FL 34209	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	D VARON, A MARINA 3408 45TH STREET WEST BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARON, CARLOS 3408 45TH STREET WEST BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: *Carlos Varon Sec.* **CARLOS VARON SEC.** **3/18/02** **941-383-8531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #