

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-22-2004 90043 010 ***150.00

DOCUMENT # P02000028782
1. Entity Name
LA BELLE EPOQUE HAIR BOUTIQUE, INC.



Principal Place of Business Mailing Address
7380 SW 162ND CT **7380 SW 162ND CT**
MIAMI, FL 33193 **MIAMI, FL 33193**

66412000



02262004 No Chg-P GR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0114886 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CUERVO, ALBA L
7380 SW 162ND CT
MIAMI, FL 33193

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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 resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CUERVO, ALBA L 7380 SW 162ND CT MIAMI, FL 33193
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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: *Alba L Cuervo* ALBA L CUERVO 04-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #