## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State	
DOCUMENT # P02000043440  1. Entity Name ESTETICA HOMES, CORP.				05-03-2	004 91060 003 ***150.00	
Principal Place of Business Mailing Address			<u>-</u>	-	94082598	
5330 SW 13		5330 SW 133 CT.				
MIAMI, FL 33175 MIAMI, FL 33175						
2. Principal Place of Business 1862 5 W 124 PL 3. Mailing Address 1862 5 W 124 PL Suite, Apt. #, etc.			124 P		ABII) 88111 88111 AIRE AIRE 1118 AIRE 1	
Suite, Apr.	π, GIC.	Solle, Apr. #, elc.		03142004 Chg-P	CR2E034 (10/03)	
Gity & Stat	i FL	City & State . MiAMI	FL	4. FEI Number 83-0340277	Applied For Not Applicable	
7 7 1 -	Country (2) A	33 /7 C	Country CA	5. Certificate of Status De	sired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
Name Name						
IMAZIO, CARLOS A 5330 SW 133 CT. 3000000000000000000000000000000000000				Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33175				2 SW_	13412	
			City M		Zin Code	
:/2				1iAMi	FL Zig Code 175	
B. The above named antity 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.						
$0 \lambda / (c \alpha c)$						
SIGNATURE Signature up ped or printed name of registered agent and tale if applicable. (NOTE: Registered Agent agreture required when renistating) CATE						
FILE NOW!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May 80  Trust Fund Contribution.   Added to Fees						
10.	OFFICERS AND I		11,	ADDITIONS (CHANGES I	O OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	Delete	ппе	ADDITIONS/ CA FANGES	Change Addition	
NAME	IMAZIO, CARLOS A		NAME	1862 SW	124 Pl	
STREET ADDRESS CITY-ST-ZIP	5330 SW 133 CT. MIAMI, FL 33175		STREET ADDRESS CITY-ST-ZIP	Miami	FL 33175	
TITLE	D	Delete	THILE	THAT	Change Addition	
NAME	IMAZIO, CARLOS A		NAME	1862 SW	0.0	
STREET ADDRESS CITY-ST-ZIP	5330 SW 133 CT. MIAMI, FL 33175		STREET ADORESS CITY-ST-ZIP	11 2 m x 2	RIZURI	
TITLE	WILMIN, P.E. 33173	Delete	TITLE	THE	Change Addition	
NAME	}	E.J Doloic	NAME	,		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		Denote	NAME		_ one.go	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
DITLE		Delete	TITLE	<u></u>	☐ Change ☐ Addition	
NAME		E.J Derete	NAME			
STREET ADORESS			STREET ADDRESS			
CITY-ST-ZIP		Delete	CHY-SI-ZIP TITLE		☐ Change ☐ Addition	
NAME		TTI Delete	NAME		E costage E Admitor	
STREET AODRESS			STREET ADDRESS			
CITY-ST-ZIP	partiful that the information remality with	this filing does not qualify for th	CITY-ST-ZIP	in Section 119 07/3\(i) Elected &	atutee. I further cortifu that the information	
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 adeless, with all other like empowered.						
SIGNAT	TURE:			94.14.0	4	
1	SIGNATIVE AND TYPED OR P	PRINTED NAME OF SIGNING OFFICER OR	CHRECTOR	Date	Daytime Phone #	