2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

THE STUDIO OF HEALTH 8-BEAUTY, INC. **Mailing Address** **Institus 27 S. SEBRING FL. 38970** **SEBRING FL. 38970** **SEBRING FL. 38970** **SUM, April A. etc. **Cory & State** **Cory & S	ANNUAL REPORT (AR)				FILED	
Principal Place of Business Scientific Sarro Scientific S	1. Entity Name				Feb 04, 2004 08:00 AM	
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GUELFF, LORIS P 1131 US 27 S SEBRING FL 33870 City FL Zip Code C		6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
STERRING FL 33870 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Psyable to Proficed Department of State 10. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INE USE TO SEBRING FL 33870 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. III. WAS SIRET ADDRESS III. SEBRING FL 33870 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. III. ADDITIONS TO OFFICERS A				Name		
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SIGNATURE Signature, report or printed name of registered agent and title il expérieble. (ROTT, Registered Agent signature required rime resistation) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE OFFICERS AND DIRECTORS 113 US 27 S SIRET ADDRESS 1131 US 27 S SIRET ADDRESS 1131 US 27 S SEBRING FL 33870 TILE OUT: \$57.29 OUT: \$5				City	FL Zip Code	
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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				CITY-ST-ZIP		

SIGNATURE AND TWEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _