

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90289 031 \*\*\*150.00

**DOCUMENT # P02000094478**

1. Entity Name  
**ANDREA'S BEAUTY INC.**



Principal Place of Business  
**5518 NW 114 AVENUE #106**  
**MIAMI, FL 33178**

Mailing Address  
**5518 NW 114 AVENUE #106**  
**MIAMI, FL 33178**

**DO NOT WRITE IN THIS SPACE**



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>11-3653021</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OSSA, CARMEN P**  
**5518 NW 114 AVENUE #106**  
**MIAMI, FL 33178**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	PD OSSA, CARMEN P 5518 NW 114 AVENUE #106 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Carmen P. Ossa* **CARMEN P. OSSA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT.** **03-15-04**  
Date Daytime Phone #