

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-02-2005 90080 003 ***100.00
04-14-2005 90085 002 ****58.75



1st MOORE CR2E034 (10/04)

DOCUMENT # P02000096704					
1. Entity Name SALUD BELLEZA...Y MUCHO MAS, CORPORATION					
Principal Place of Business 105 GRAND CANAL DR APT C MIAMI FL 33144			Mailing Address 105 GRAND CANAL DR APT C MIAMI FL 33144		
2. Principal Place of Business 9405 FONTAINEBLEAU BLVD Suite, Apt. #, etc. 213			3. Mailing Address 9405 FONTAINEBLEAU BLVD Suite, Apt. #, etc. 213		
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 43-1978428	
Zip 33172		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, SALVADOR J 105 GRAND CANAL DR APT C MIAMI FL 33144				7. Name and Address of New Registered Agent Name SALVADOR J. RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 9405 FONTAINEBLEAU BLVD. City MIAMI FL Zip Code 33172	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT RODRIGUEZ, SALVADOR J 105 GRAND CANAL DR APT C MIAMI FL 33144 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RODRIGUEZ, SALVADOR J 9405 FONTAINEBLEAU BLVD apt. 213 MIAMI FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LOTTI, MARIA E 105 GRAND CANAL DR APT C MIAMI FL 33144 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LOTTI, MARIA E 9405 FONTAINEBLEAU BLVD apt. 213 MIAMI FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: SALVADOR J. RODRIGUEZ			Date Feb/25/05 305-326-2801		