


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000096704	
1. Entity Name SALUD BELLEZA...Y MUCHO MAS, CORPORATION	

Principal Place of Business 9405 FOUNTAINBLEAU BLVD 213 MIAMI FL 33172	Mailing Address 9405 FOUNTAINBLEAU BLVD 213 MIAMI FL 33172
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2. Principal Place of Business 9405 FOUNTAINBLEAU BLVD	3. Mailing Address 9405 FOUNTAINBLEAU BLVD
Suite, Apt. #, etc. 213	Suite, Apt. #, etc. 213
City & State MIAMI FL	City & State MIAMI FL
Zip 33172	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number **43-1978428** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, SALVADOR J
9405 FOUNTAINBLEAU BLVD
213
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **RODRIGUEZ SALVADOR J**
Street Address (P.O. Box Number is Not Acceptable)
**9405 FOUNTAINBLEAU BLVD
213**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ \$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 9405 FOUNTAINBLEAU BLVD, APT 213 MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add UN0000453950 03/14/06-80042-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LOTTI, MARIA E 9405 FOUNTAINBLEAU BLVD, APT 213 MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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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"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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  **Feb 23/06** **786-2462305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #