

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000104326

FILED
Apr 28, 2003
Secretary of State

Entity Name: L'ESSENZA AROMATHERAPY CORPORATION

Current Principal Place of Business:

1401 SW 27 AVE SECOND LEVEL
MIAMI, FL 33145

New Principal Place of Business:

12271 SOUTHWEST 95 STREET
MIAMI, FL 33186

Current Mailing Address:

1401 SW 27 AVE SECOND LEVEL
MIAMI, FL 33145

New Mailing Address:

12271 SOUTHWEST 95 STREET
MIAMI, FL 33186

FEI Number: 47-0888774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LONDONO, MARCIE
12271 SW 95 ST
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: LONDONO, MARCIE
Address: 12271 SW 95 ST
City-St-Zip: MIAMI, FL 33186

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LONDONO, NICKY J
Address: 12271 SOUTHWEST 95 STREET
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICKY LONDONO

VP

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date