

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000112945

1. Entity Name
THE COLOR WORLD BEAUTY, INC.



Principal Place of Business
**9898 HAMMOCKS BLVD APT 102
MIAMI, FL 33196**

Mailing Address
**9898 HAMMOCKS BLVD APT 102
MIAMI, FL 33196**

2. Principal Place of Business
11221 So. Dixie Hwy

3. Mailing Address
11221 So. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33156

Country
USA

Zip
33156

Country
USA

04212004

Chg-P

CR2E034 (10/03)

4. FFI Number
54-2080331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DE LIMA BARRIOS, MARINA
9898 HAMMOCKS BLVD APT 102
MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name
Marina De Lima Barrios

Street Address (P.O. Box Number is Not Acceptable)

11221 South Dixie Highway

City
Miami

FL

Zip Code
33196

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

**600035821156
03/10/04--01074--010 **150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DE LIMA BARRIOS, MARINA
9898 HAMMOCKS BLVD APT 102
MIAMI, FL 33196** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BARRIOS, ANTHONY
9898 HAMMOCKS BLVD APT 102
MIAMI, FL 33196** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-04

Date

305-235-0551

Daytime Phone #

FILED

04 APR 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

