


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000122997 1. Entity Name ARABELLA HAIR AND SKIN CARE, INC. |  |
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| Principal Place of Business BILTMORE WAY 481 CORAL GABLES, FL 33134 | Mailing Address ARABELLA HAIR AND SKIN CARE BILTMORE WAY 481 CORAL GABLES, FL 33134 |
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

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|-----------------------------|--|
| 4. FEI Number 43-1979544 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

ECHAVARRIA, FERNANDO
10371 SW 150TH PLACE
APT. 5205
MIAMI, FL 33196

**DO NOT WRITE
IN THIS SPACE**

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 *Fernando E. Echavarría* DATE 01-19-04
Signature, typed, printed name of registered agent and the filer's name (NOTE: Registered Agent signature required when re-electing)

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

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ECHAVARRIA, FERNANDO 10371 SW 150TH PLACE APT. 5205 MIAMI, FL 33196 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PEREZ, JULIO C 15661 SW 150TH PLACE APT. 322 MIAMI, FL 33196 |
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01/22/04-80007-007 150.00

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IN THIS SPACE**

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: *Fernando E. Echavarría* 01-19-04 305/4612999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #