

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90122 009 ***150.00

DOCUMENT # P02000125217					
1. Entity Name LE" MARGARITA ALL BEAUTY INC.					
Principal Place of Business 1155 N. WASHINGTON BLVD SUITE F SARASOTA, FL 34236			Mailing Address 1155 N. WASHINGTON BLVD SUITE F SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 50-0007868	
Zip		Country		City & State	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGARITA, MANDUJANO 7007 44TH CT., SARASOTA, FL 34243			7. Name and Address of New Registered Agent Name <u>MARGARITA MANDUTAND</u> Street Address (P.O. Box Number is Not Acceptable) <u>2420 FRUITVILLE RD.</u> City <u>SARASOTA</u> <u>FL</u> Zip Code <u>34237</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP	NAME MANDUJANO, MOISES		TITLE VP	NAME MANDUTAND, MOISES	
STREET ADDRESS 7007 44TH CT E	CITY-ST-ZIP SARASOTA, FL 34243		STREET ADDRESS 2420 FRUITVILLE RD.	CITY-ST-ZIP SARASOTA FL 34237	
TITLE 	NAME MANDUJANO, MARGARITA		TITLE 	NAME MANDUTAND, MARGARITA	
STREET ADDRESS 7007 44TH CT E	CITY-ST-ZIP SARASOTA, FL 34243		STREET ADDRESS 2420 FRUITVILLE RD.	CITY-ST-ZIP SARASOTA, FL 34237	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-19-05 941-362-7500 <small>Date Daytime Phone #</small>		