

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90074 002 ***158.75

DOCUMENT # P03000009886 1. Entity Name LE CHIC SALON AND SPA, INC.			
Principal Place of Business 14829 SW 80TH ST. APT. 104 MIAMI, FL 33193		Mailing Address 14829 SW 80TH ST. APT. 104 MIAMI, FL 33193	
2. Principal Place of Business 10201 Hammocks Blvd Suite, Apt. #, etc. S-139 City & State Miami, FL Zip 33196		3. Mailing Address 10201 Hammocks Blvd. Suite, Apt. #, etc. S-139 City & State Miami, FL Zip 33196	
Country USA.		Country USA	
4. FEI Number 41-2076599		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APARICIO, MARYS M 14829 SW 80TH ST. APT. 104 MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Aparicio, Marys M Street Address (P.O. Box Number is Not Acceptable) 6463 SW 166 CT City Miami FL Zip Code 33193	
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 DATE 03/12/2004 <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD APARICIO, MARYS M 14829 SW 80TH ST. - APT. 104 MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Aparicio, Marys M 6463 SW 166 CT Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARQUEZ, YELILI C 14829 SW 80TH ST. - APT. 104 MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD marquez, Yelili C 6463 SW 166 CT Miami, FL 33193
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"/> Addition
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"/> Addition
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"/> Addition
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"/> 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:		Date 03/12/2004 Daytime Phone # (305) 388-3177	

94038649

