

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90003 038 \*\*\*150.00

**DOCUMENT # P03000013363**

1. Entity Name  
**CLAUMAR A PLACE TO FIND BEAUTY HEALTH & RELAXATION, INC.**



Principal Place of Business  
**1400 SALCEDO STE 103  
CORAL GABLES, FL 33134**

Mailing Address  
**1400 SALCEDO STE 103  
CORAL GABLES, FL 33134**

**66429332**



2. Principal Place of Business  
**CLAUMAR A PLACE TO FIND**

3. Mailing Address  
**1400 SALCEDO ST**

Suite, Apt. #, etc.  
**1400 SALCEDO ST. #103**

Suite, Apt. #, etc.  
**103**

06252004

Chg-P

CR2E034 (10/03)

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number  
**54-2094941**

Applied For  
Not Applicable

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, GUILLERMO  
4011 W FLAGLER ST STE 403  
MIAMI, FL 33134**

7. Name and Address of New Registered Agent

Name **Isabel M. Matranca**

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

**1400 SALCEDO STE #103**

City  
**Coral Gables**

FL

Zip Code  
**33134**

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

**6/24/04**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME **MATRANCA, ISABEL M** ☐ Delete  
STREET ADDRESS **1400 SALCEDO STE 103**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE SD  
NAME **MATRANCA, GUILLERMO** ☐ Delete  
STREET ADDRESS **1400 SALCEDO STE 103**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/24/04**

Date

Daytime Phone #

*Attachment*

*66429332*

*# P03000013363*

*Claumar A Place To Find Beauty, Health &*

*Relaxation, Inc.*

*1400 Salzedo Street Suite 103  
Coral Gables, FL. 33134*

*June 24, 2004*

*FLORIDA DEPARTMENT OF STATE*

*Glenda E. Hood*

*Secretary of State*

*To Whom It May Concern,*

*This letter is regarding a late fee for reference number P03000013363. The reason why you may have received the report late, is because we did not get the 2004 uniform business report on time.*

*Sincerely,*



*Isabel M. Matranca*