2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000013363

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

Principal Place of Business	Mailing Address
1400 SALZEDO ST #103 CORAL GABLES, FL 33134	1400 SALZEDO ST #103 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2094941
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATRANCA, ISABEL M
1400 SALZEDO STE #103
MIAMI, FL 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where stated)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATRANCA, ISABEL M
STREET ADDRESS	1400 SALCEDO STE 103
CITY ST ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	MATRANCA, GUILLERMO
STREET ADDRESS	1400 SALCEDO STE 103
CITY ST ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000329471
04/25/05--80118 019 150.00

DO NOT WRITE 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: _____ 4/20/05 (305) 649-7128.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #