2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address 2235 FOWLER ST. FT. MYERS FL 33901

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

ANNUAL REPORT (A DOCUMENT # P03000026590 1. Entity Name ALL PLUS BEAUTY WORLD, INC.

Country

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

6. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

2235 FOWLER ST.

FT. MYERS FL 33901

Suite, Apt. #, etc.

City & State

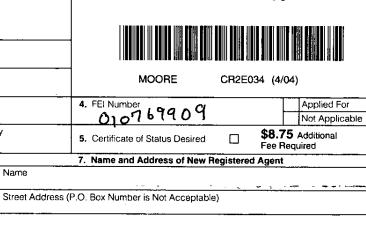
Zip



FILED Aug 05, 2004 8:00 am Secretary of State

08-05-2004 90005 022 ***550.00

CAUTUUED



MIAMI FL 33145							
			City		FL	Zip Code	
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 grinted/harms of registered apent and title if applicable. (NOTE: Registered				7/21/0Ψ			
	Signature, typed or printer/harm of registered agent and title if applications in the printer of	S.607.193(2)(b), F.S.	allows for the good this box, the co	waiver of the \$400.00 orporation certifies it file is \$150.00.	9. Election Campaign Financ Trust Fund Contribution.	+	00 May Be
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS	/CHANGES TO OFFICERS AND	DIRECTORS	IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PSTD SUH, ROY 2235 FOWLER ST. FT. MYERS FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	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							

Country

12. Thereby 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

7/27/04

639)334-0001

Daytime Phone #