

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90060 029 ***150.00

DOCUMENT # P03000034282

1. Entity Name

HOLLYWOOD SECRETS SALON & SPA, INC.



Principal Place of Business

601 DEL PRADO BLVD
CAPE CORAL FL 33990

Mailing Address

601 DEL PRADO BLVD
CAPE CORAL FL 33990

54029522



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0702245

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLAZEWSKI, ELISHA L
1761 FOUR MILE COVE PKWY
534
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name Elisha L Plazewski

Street Address (P.O. Box Number is Not Acceptable)
2226 SW 19th Ave

City Cape Coral

FL

Zip Code 33991

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

Elisha Plazewski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PLAZEWSKI, ELISHA L
STREET ADDRESS 1761 FOUR MILE COVE PKWY, APT. 534
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE VP ☐ Delete
NAME CHAMBERS, PARNELLI L
STREET ADDRESS 819 S.W. 3RD AVE.
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE S ☐ Delete
NAME PLAZEWSKI, ELISHA L
STREET ADDRESS 1761 FOUR MILE COVE PKWY. APT. 534
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE T ☐ Delete
NAME PLAZEWSKI, ELISHA L
STREET ADDRESS 1761 FOUR MILE COVE PKWY. APT 534
CITY-ST-ZIP CAPE CORAL FL 33990

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 P ☒ Change ☐ Addition
NAME Plazewski Elisha L
STREET ADDRESS 2226 SW 19th Ave
CITY-ST-ZIP Cape Coral FL 33991

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

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:

Elisha Plazewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

DATE

910-4460

DAYTIME PHONE #