


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90039 042 \*\*\*150.00

<b>DOCUMENT # P03000046971</b> 1. Entity Name <b>VANITY SOLUTION, CORP.</b>			
Principal Place of Business <b>2913 NW 82 AVENUE MIAMI, FL 33122</b>		Mailing Address <b>2913 NW 82 AVENUE MIAMI, FL 33122</b>	
2. Principal Place of Business <b>8060 NW 33 STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>8060 NW 33 STREET</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b> Zip <b>33122</b> Country <b>USA</b>		City & State <b>MIAMI, FL</b> Zip <b>33122</b> Country <b>USA</b>	
4. FEI Number <b>45-0514851</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAJIGAS, RICARDO E 2913 NW 82 AVENUE MIAMI, FL 33122</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8060 NW 33 STREET</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33122</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CAJIGAS, RICARDO E</b> <b>2913 NW 82 AVENUE</b> <b>MIAMI, FL 33122</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8060 NW 33 STREET</b> <b>MIAMI, FL 33122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>QUOKNIANE, GILBERT</b> <b>2913 NW 82 AVENUE</b> <b>MIAMI, FL 33122</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8060 NW 33 STREET</b> <b>MIAMI, FL 33122</b>
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
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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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1/17/05</b> Daytime Phone # <b>305.436.0595</b>	

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01082005 Chg-P CR2E034 (10/03)