APR-30-2004(FRI) 10:38 INTERNATIONAL CRUISE FOOD&HOTEL (F/

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90423 045 ***150.00

DOCUMENT # P03000049259

1. Entity Name
TITA'S BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
8310 SANDS POINT BLVD BLDG L #108 TAMARAC, FL 33321	8310 SANDS POINT BLVD BLDG L #108 TAMARAC, FL 33321

2. Principal Place of Business	3. Mailing Address
LAUDERHILL, FL.	4844 N. UNIVERSITY DR
Suite, Apt. #, etc.: 4844 N. UNIVERSITY DR	Suite, Apt. #, etc.
City & State	City & State: LAUDERHILL, FL.
Zip: 33351 Country: U.S.A.	Zip: 33351 Country: USA

04302004 Chg-P CR2E034 (10/03)

4. FEI Number: 16-1664442 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
LOPEZ, MARTHA J
8310 SANDS POINT BLVD BLDG L #108
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 x Martha Lopez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	LOPEZ, MARTHA J	
STREET ADDRESS	8310 SANDS POINT BLVD BLDG L #108	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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 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: x Martha Lopez 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

5404800C

#P03000049259

Hair-Nail
Skin Care

Full Service
Salon

TITA'S BEAUTY SALON

954-742-8482

4844 N. University Dr., Lauderhill, FL 33351