


## 05-03-2004 90413 019 \*\*\*150.00

<b>DOCUMENT # P03000067384</b>				05-03-2004 90413 019 ***150.00	
1. Entity Name <b>ACCENTS ON AGING ASTHETICS, INC.</b>					
Principal Place of Business <b>695 CENTRAL AVENUE ST. PETERSBURG, FL 33701</b>		Mailing Address <b>695 CENTRAL AVENUE ST. PETERSBURG, FL 33701</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>KENNY, EDWARD J 695 CENTRAL AVENUE ST. PETERSBURG, FL 33701</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
Delete		Delete			
Delete		Delete			
Delete		Delete			
Delete		Delete			
Delete		Delete			
Delete		Delete			
Delete		Delete			
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: <b>LISA MARQUEZ</b> 4/6/04 (727) 824-8344					