


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90029 040 \*\*\*150.00

<b>DOCUMENT # P03000068822</b>	
<b>1. Entity Name</b> PERFECTIONS VEIN CENTER * PERMANENT COSMETICS, INC.	

<b>Principal Place of Business</b> 15269 AMBERLEY DRIVE TAMPA PALMS TAMPA FL 33647	<b>Mailing Address</b> 15269 AMBERLEY DRIVE TAMPA PALMS TAMPA FL 33647
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\* ADDRESS  
CORRECTION

54020461



MOORE CR2E034 (11/03)

<b>2. Principal Place of Business</b> 15269 AMBERLEY DRIVE Suite, Apt. #, etc. TAMPA PALMS City & State TAMPA FL Zip 33647	<b>3. Mailing Address</b> SAME Suite, Apt. #, etc. City & State Zip Country USA
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<b>4. FEI Number</b> 57-1178688	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> JORCZAK, MARIE 8108 SW 103 AVE. MIAMI FL 33173
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<b>7. Name and Address of New Registered Agent</b> Name DONNA F KNIGHT Street Address (P.O. Box Number is Not Acceptable) 2521 CLARESIDE DRIVE City VALRICO FL Zip Code 33594
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<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.</b> SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, DONNA F 2521 CLARESIDE DRIVE TAMPA PALMS FL 33647 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
This Inc. was Formed last year, But was not opened For Business until 2004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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: <i>[Signature]</i> (PRESIDENT) 02/28/04 813.977.8777	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #