

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90231 026 ***150.00

DOCUMENT # P03000078188

1. Entity Name

ARTISTIC HIGH BEAUTY SALON SPA, CORP.



Principal Place of Business

19255 NE 10 AVE BLGD 5 #423
NORTH MIAMI BEACH, FL 33179

Mailing Address

19255 NE 10 AVE BLGD 5 #423
NORTH MIAMI BEACH, FL 33179

94061075



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

76-0736859

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, CARLOS A
19255 NE 10 AVE BLGD 5 #423
NORTH MIAMI BEACH, FL 33179

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME GOMEZ, CARLOS A
STREET ADDRESS 19255 NE 10 AVE BLGD 5 #423
CITY - ST - ZIP NORTH MIAMI BEACH, FL 33179

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DVS ☐ Delete
NAME SERNA, LUZ M
STREET ADDRESS 1088 NE 157 ST
CITY - ST - ZIP NORTH MIAMI BEACH, FL 33162

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Add
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

CARLOS A. GOMEZ

04/21/2004

(305) 655-2608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Laytime Phone #