2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90043 017 ***150.00

DOCUMENT # P03000078188

1. Entity Name
ARTISTIC HIGH BEAUTY SALON SPA, CORP.

Principal Place of Business	Mailing Address
19255 NE 10 AVE BLGD 5 #423 NORTH MIAMI BEACH, FL 33179	19255 NE 10 AVE BLGD 5 #423 NORTH MIAMI BEACH, FL 33179

03112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
18761 W Dixie Hwy.		18761 W Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NORTH MIAMI BEACH, FL		City & State: NORTH MIAMI BEACH, FL	
Zip: 33180	Country: MIAMI DADE	Zip: 33180	Country: MIAMI DADE

4. FEI Number 76-0736859 ☐ Applied F ☐ Not Applic

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: CARLOS A. GOMEZ
Street Address (P.O. Box Number is Not Acceptable): 20000 NE 6 CIRCLE
City: NORTH MIAMI BEACH **FL** Zip Code: 33179

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 acc the obligations of registered agent.

SIGNATURE: [signature] CARLOS A. GOMEZ MARCH 11/2005
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, 2005 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	TITLE	DPT	☐ Change ☐ Ad
NAME	GOMEZ, CARLOS A		NAME	CARLOS A. GOMEZ	
STREET ADDRESS	19255 NE 10 AVE BLGD 5 #423		STREET ADDRESS	20000 NE 6 CIRCLE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	DVS	☐ Delete	TITLE	DVS	☐ Change ☐ Ad
NAME	SERNA, LUZ M		NAME	LUZ M. SERNA	
STREET ADDRESS	1088 NE 157 ST		STREET ADDRESS	20000 NE 6 CIRCLE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CARLOS A. GOMEZ (President) MARCH 11/2005 (305) 792-7782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #