

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-09-2004 90009 013 ***150.00
P03000081099

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000081099 1. Entity Name K&J BOUTIQUE BEAUTY PALACE INC			
Principal Place of Business 4085 N HAVERHILL C-2 WEST PALM BEACH FL 33417 US		Mailing Address 4085 N HAVERHILL C-2 WEST PALM BEACH FL 33417 US	
2. Principal Place of Business 4085 N Haverhill		3. Mailing Address 4085 N Haverhill	
Suite, Apt. #, etc. C-2		Suite, Apt. #, etc. C-2	
City & State West Palm Bch		City & State West Palm Bch	
Zip 33417		Zip 33417	
Country US		Country US	
4. FEI Number 53084421		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALCEE, KETTY - OWNER 4581 CHALLENGER WAY 56 WEST PALM BEACH FL 33417		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 <u><i>Ketty Alcee</i></u> KETTY ALCEE DATE 8/2/04 Signature, word or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	
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 Vice President	NAME REGINALD JOSEPH	TITLE 	NAME
STREET ADDRESS 4581 CHALLENGER WAY #56	CITY-ST-ZIP West Palm Bch FL 33417	STREET ADDRESS 	CITY-ST-ZIP
TITLE Treasurer	NAME JOAN K. ALCEE	TITLE 	NAME
STREET ADDRESS 4581 CHALLENGER WAY #56	CITY-ST-ZIP West Palm Bch FL 33417	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	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)(f), 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: <u><i>Reginald Joseph</i></u> Reginald		Date 8-2-04	

2002
Attachment 66433662
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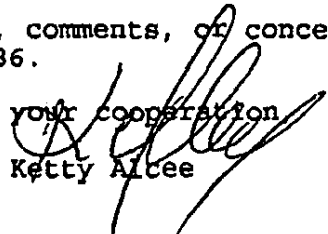
August 03, 2004

To whom this may concern:

For the past five years I have received an annual renewal report. This year I have not received one. I called and spoke with a representative who assured me that I would receive a renewal card/form in the mail within ten to fifteen business days. Also once I have received the renewal card/form send my paper work back in along with one hundred fifty dollars.

I have enclosed here one hundred fifty dollars and my renewal card/form. Due to the fact that I have done this many times before I was under the impression that I would receive a notice. Since I did not would you please not penalize me for the late fee.

If you have any questions, comments, or concerns please contact me at (561)541-0386.

Thanks for your cooperation

Ketty Alcee