

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-22-2004 90020 007 \*\*\*150.00

**DOCUMENT # P03000086250**

1. Entity Name

**MAKARIOS TOTAL BEAUTY, INC.**



Principal Place of Business

8975 S.W. 147TH AVENUE  
APT. 2222  
MIAMI FL 33196

Mailing Address

8975 S.W. 147TH AVENUE  
APT. 2222  
MIAMI FL 33196

34038334

2. Principal Place of Business

7400 SW 57th Ave

Suite, Apt. #, etc.

STE. 6

City & State

MIAMI, FL

Zip

33143

Country

3. Mailing Address

7400 SW 57th Ave

Suite, Apt. #, etc.

STE. 6

City & State

MIAMI, FL

Zip

33143

Country



MOORE

CR2E034 (11/03)

4. FEI Number

83-0367531.

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS, NORIS  
8975 S.W. 147TH AVENUE  
APT. 2222  
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

NORIS ROJAS

Street Address (P.O. Box Number is Not Acceptable)

7400 SW 57th Ave.

#5

City

MIAMI

FL

Zip Code

33143

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.

NORIS ROJAS

(NOTE: Registered Agent signature required when reinstating)

4/12/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME ROJAS, NORIS  
STREET ADDRESS 8975 S.W. 147TH AVENUE, APT. 2222  
CITY-ST-ZIP MIAMI FL 33196

TITLE D ☒ Delete  
NAME ROJAS, NORIS  
STREET ADDRESS 8975 S.W. 147TH AVENUE, APT. 2222  
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DSTP ☒ Change ☐ Addition  
NAME NORIS ROJAS  
STREET ADDRESS 7400 SW 57th. Av. #5  
CITY-ST-ZIP MIAMI, FL 33143

TITLE VP ☐ Change ☒ Addition  
NAME AMPARO NIEVES  
STREET ADDRESS 7400 SW 57th. Av. #5  
CITY-ST-ZIP MIAMI, FL 33143

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

305-668-8385

Daytime Phone #