

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-22-2004 90054 044 ***150.00

DOCUMENT # P03000086567

1. Entity Name

007 TATTOO AND BODY PIERCING, CORP.



Principal Place of Business
100 KINGS POINT DRIVE
APT. #1515
SUNNY ISLES BEACH FL 33160

Mailing Address
100 KINGS POINT DRIVE
APT. #1515
SUNNY ISLES BEACH FL 33160

94033657



MOORE CR2E034 (11/03)

2. Principal Place of Business
2611 Collins Ave
Suite, Apt. #, etc.

3. Mailing Address
2611 Collins Ave
Suite, Apt. #, etc.

City & State
Miami Beach FL

City & State
Miami Beach FL

Zip
33140

Country
USA

Zip
33140

Country
USA

4. FEI Number
56-2384288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAUREL, EMILIA
100 KINGS POINT DRIVE
APT. #1515
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name
LAUREL Emilia

Street Address (P.O. Box Number is Not Acceptable)
2611 Collins Ave

City
Miami Beach FL Zip Code
33140

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

Emilia Laurel

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/04
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LAUREL, EMILIA 100 KINGS POINT DRIVE, APT. #1515 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVY, SIMON 100 KINGS POINT DRIVE, APT. #1515 SUNNY ISLES BEACH FL 33160	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Emilia Laurel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILIA LAUREL

03/10/04
Date

305 532 0533
Daytime Phone #