

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088617

FILED  
Apr 20, 2004  
Secretary of State

**Entity Name:** TREASURE COAST AESTHETICS, INC

**Current Principal Place of Business:**

3087 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

1912 NW SANS SOUCI ST  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 86-1079711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTONE, MARIA  
1912 NW SANS SOUCI ST  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARTONE, MARIA  
Address: 3087 SW MARTIN DOWNS BLVD  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARIA MARTONE

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04/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date