2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P03000096352 1. Entity Name ASPÉN BEAUTY & TANNING SALON, INC. Principal Place of Business Mailing Address 970 NORTH CONGRESS AVE 970 NORTH CONGRESS AVE WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 CR2E034 (10/03) 04012005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0303042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent BELTRANO, ALDO ESQ DO NOT WRITE 1000 NORTH CONGRESS AVE SUITE G - IN THIS SPACE WEST PALM BEACH, FL 33409 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE DUDE, HARALD NAME STREET ADDRESS 1000 NORTH CONGRESS AVE SUITE H WEST PALM BEACH, FL 33409 CITY-ST-ZIP TITLE NAME U00000291635 04/07/05-80039-010 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 acqurate 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 trusted 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 fike empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

HARALD DUDE