


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90285 048 \*\*\*150.00

<b>DOCUMENT # P03000105135</b>	
1. Entity Name STELLA MARIS COSMETIC HEALTH CENTER, INC.	

**14017303**

Principal Place of Business 240 CRANDON BLVD., STE. 127 KEY BISCAVNE, FL 33149	Mailing Address 240 CRANDON BLVD., STE. 127 KEY BISCAVNE, FL 33149
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2. Principal Place of Business 230 Cranwood Dr Suite, Apt. #, etc.	3. Mailing Address 230 Cranwood Dr Suite, Apt. #, etc.
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05032005 Chg-P CR2E034 (10/03)

City & State Key Biscayne, FL	City & State Key Biscayne, FL	4. FEI Number 20-0264213	Applied For Not Applicable
Zip 33149	Country USA	Zip 33149	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SALAZAR, LISETTE ESQ. 240 CRANDON BLVD., STE. 127 KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent Name Beatriz Bocanegra Street Address (P.O. Box Number is Not Acceptable) 230 Cranwood Dr City Key Biscayne FL Zip Code 33149	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUERTA, ANGELA M 240 CRANDON BLVD., STE. 127 KEY BISCAVNE, FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCANEGRA, BEATRIZ 240 CRANDON BLVD., STE. 127 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bocanegra, Beatriz 230 Cranwood Dr Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTUNDUAGA, CARLOS E 240 CRANDON BLVD., STE. 127 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Artunduaga, Carlos E 230 Cranwood Dr Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #