

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-09-2005 90285 048 ***150.00

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05032005 Chg-P CR2E034 (10/03)

| | | | |
|---|--|---|---|
| DOCUMENT # P03000105135 | | | |
| 1. Entity Name STELLA MARIS COSMETIC HEALTH CENTER, INC. | | | |
| Principal Place of Business 240 CRANDON BLVD., STE. 127 KEY BISCAZYNE, FL 33149 | | Mailing Address 240 CRANDON BLVD., STE. 127 KEY BISCAZYNE, FL 33149 | |
| 2. Principal Place of Business 230 Cranwood Dr Suite, Apt. #, etc. | | 3. Mailing Address 230 Cranwood Dr Suite, Apt. #, etc. | |
| City & State Key Biscayne, FL | | City & State Key Biscayne, FL | |
| 4. FEI Number 20-0264213 | | Applied For Not Applicable | |
| 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 BISCAZYNE, 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 | |
| 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: | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 BISCAZYNE, 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 BISCAZYNE, 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 BISCAZYNE, 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 |
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| 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: | | Date: _____ Daytime Phone #: _____ | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |