2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # D02000105125					05-09-2005 90285 048 ***150.00			
DOCUMENT # P03000105135 1. Entity Name STELLA MARIS COSMETIC HEALTH CENTER, INC.						03-09-2003	90283 048 * * * 130	.00
Principal Place of Business Mailing Address					14017303			
240 CRANDON BLVD., STE. 127 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149					L 7	1011300		
2. Principal P								
230 (1 Suite, Apt.	hannood Dr		230 Chanwood DT Suite, Apt. #, etc.					
Juile, Apt.	π, αιο,	Julie, Apr. #, etc.			05032005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numb		Ar	plied For
Key 1	Siscover, FL		afne,	FL	20-026	4213		t Applicable
Zip 1 33149	Country	Zip 33149	Country	-	5. Certificate	of Status Desired	□ \$8.75 Add	
	6. Name and Address of Current I		- / 5 ·		7. Name and	Address of New I		
Name A						ancas	0 e n V D	
SALAZAR, LISETTE ESQ. 240 CRANDON BLVD., STE, 127				ddress (i	P.O. Box Numb	er is Not Acceptab	negra	
KEY BISC		z 3 t) Cra	MOOD	Dr			
			City	Z _	0:00		Zip Cod	9110
8. The above named entity submits this statement for the purpose of changing its registered office or reg						aync Ib igiba Siaia at El	brida Lam familiar with	14 9
	fights of registered agent.	The purpose of changing its it	egistered onace of	iegister	eu agent, or bu	in, in the state of th	onga. Tam iamiliai wiiti,	and accept
0.0	A72.0.1.08	10						
SIGNATURE_	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE;	Registered Agent signal	ure required	when reinstating)		DATE	
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	9. Election Campaig Trust Fund Contril		\$5. Add	.00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTOR\$	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE	D	Delete	TITLE				☐ Change	Addition
NAME	PUERTA, ANGELA M		NAME					
STREET ADDRESS CITY-ST-ZIP	240 CRANDON BLVD., STE. 127 KEY BISCAYNE, FL 33149		STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	12			Change	Addition
NAME	BOCANEGRA, BEATRIZ	- Delete	NAME	30	canear	a, Beati	riz.	
STREET ADDRESS	240 CRANDON BLVD., STE. 127		STREET ADDRESS	23	o Cran	ra, Beati	- • · · -	
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CITY-ST-ZIP	KEY BISCAYNE, FL. 33149		CITY-ST-ZIP	K-	Bis	cayne F	L 33149	
TITLE		Delete	TITLE	,,,,,	1 10		Change	Addition
NAME			NAME	ĺ				
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	Certify that the information supplied with	this filling does not qualify for	-↓ <u></u>	ted in Sa	action 110 07/21	(i) Florida Statutas	I further partity that the	ologoplica
indicated	certify that the information supplied with	to a and assurate and that m	and exemplion SIB	and the	2000 1 (3.01(3)	(1), i romua otatules	. Hartis Certify that the i	morrialion

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 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.

IGNATURE:

| Signature And Typed on Printed NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daywing Phone if

SIGNATURE: