2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State
04-22-2004 90091 009 ***150.00

66424914

DOCUMENT # P03000106198

1. Entity Name
ESCAPE HOUSE OF BEAUTY, INC.

Principal Place of Business	Mailing Address
5570 NW 107 AVE #916 MIAMI, FL 33178	5570 NW 107 AVE #916 MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
MIAMI FL	9876 SW 40 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: Florida
Zip: 33165 Country: Dade	Zip: Country:

03042004 Chg-P CR2E034 (10/03)

4. FEI Number 20-2055659 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATOS, LUZ I 5570 NW 107 AVE #916 MIAMI, FL-33178	Name: Luz I Matos Street Address (P.O. Box Number Is Not Acceptable): 5570 NW 107 AVE #916 City: Miami FL Zip Code: 33178

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: _____ 5-01-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP MATOS, LUZ I 5570 NW 107 AVE #916 MIAMI, FL 33178	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GARCIA, GUSTAVO 5570 NW 107 AVE #916 MIAMI, FL 33178	☑ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ 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: _____ 5-01-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #