

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

04-22-2004 90091 009 ***150.00

DOCUMENT # P03000106198	
1. Entity Name ESCAPE HOUSE OF BEAUTY, INC.	

Principal Place of Business 5570 NW 107 AVE #916 MIAMI, FL 33178	Mailing Address 5570 NW 107 AVE #916 MIAMI, FL 33178
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66424914



2. Principal Place of Business Miami FL	3. Mailing Address 9876 SW 40 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03042004 Chg-P CR2E034 (10/03)

City & State Miami	City & State Florida
Zip 33165	Country Dade
Zip	Country

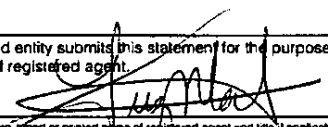
4. FEI Number 2002 55659	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MATOS, LUZ I 5570 NW 107 AVE #916 MIAMI, FL 33178	

7. Name and Address of New Registered Agent	
LUZ I MATOS	
Street Address (P.O. Box Number is Not Acceptable) 5570 NW 107 AVE #916	
City Miami	FL Zip Code 33178

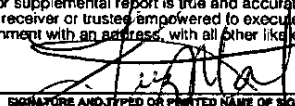
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 5-01-04
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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
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, GUSTAVO 5570 NW 107 AVE #916 MIAMI, FL 33178 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 	DATE 5-01-04
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