

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90717 025 ***158.75



DOCUMENT # P03000106602
 1. Entity Name
FRANCESCO MARIE, INC.

Principal Place of Business
6240 LANSDOWNE CIRCLE
BOYNTON BEACH, FL 33437

Mailing Address
6240 LANSDOWNE CIRCLE
BOYNTON BEACH, FL 33437

2. Principal Place of Business
Amour Salon & Spa
 Suite, Apt. #, etc.
17073 Pines Blvd
 City & State
Pembroke Pines FL
 Zip
33028 Country
USA

3. Mailing Address
 Suite, Apt. #, etc.
6240 Lansdowne Cir
 City & State
Boynton Beach FL
 Zip
33437 Country
USA

04142004 Chg-P CR2E034 (10/03)

4. FEI Number
73-1680879 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
GEROW, JEFFREY S ESQ.
4800 N. FEDERAL HWY., STE. 307B
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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	D MIKLOS, RICCARDO 6240 LANSDOWNE CIRCLE BOYNTON BEACH, FL 33437 <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	D MIKLOS, KRISTEN 6240 LANSDOWNE CIRCLE BOYNTON BEACH, FL 33437 <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: R. Miklos RICCARDO MIKLOS 4/27/04 561-734-6195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #