2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 06, 2004 8:00 am
Secretary of State
07-06-2004 90114 008 ***150.00

44047043

06302004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000146229

1. Entity Name
A LA MODE BEAUTY SALON, CORP.

Principal Place of Business	Mailing Address
2270 CORAL WAY MIAMI, FL 33145	2270 CORAL WAY MIAMI, FL 33145

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 56-2422870 ☐ 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
PORTILLO, LILIAN G 519 N.W. 60TH AVE. MIAMI, FL 33126	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 [signature] 6-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PORTILLO, LILIAN G		NAME		
STREET ADDRESS	519 N.W. 60TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 6-30-04 (305)859-7565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #
#P03000146229 44047043

A La Mode Beauty Salon, Corp.
Lillian Portillo
2270 Coral Way
Miami, FL 33145
FEI# 56-2422870

June 30, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Secretary of State;

I would like to ask you; please, not to dissolve my corporation. I am a first time business owner, and I did not now about this annual fee. Furthermore, since I just filed this corporation on December 4, 2003, I would not think that I had to pay for this. Anyway, I did not received a notice to pay this fee either. I beg that you waive the late, for I cannot afford it, and allow me to continue with my business.

Enclosed is the payment of $150 dollars for this year's fee. Thank you for your attention and consideration to this matter.

Sincerely,

Lilian Portillo
President