

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90114 008 ***150.00

DOCUMENT # P03000146229 1. Entity Name A LA MODE BEAUTY SALON, CORP.	
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Principal Place of Business 2270 CORAL WAY MIAMI, FL 33145	Mailing Address 2270 CORAL WAY MIAMI, FL 33145
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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44047043

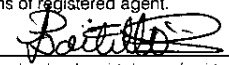


06302004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2422870	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 PORTILLO, LILIAN G 519 N.W. 60TH AVE MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 6-20-04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTILLO, LILIAN G 519 N.W. 60TH AVE. MIAMI, FL 33126 ☐ 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: 	6-30-04 (305) 859-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Attachment
#P0300014629 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