


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90570 005 \*\*\*150.00

**DOCUMENT # P04000051804**

1. Entity Name  
**ENCARNA BEAUTY SALON, CORP.**



Principal Place of Business      Mailing Address  
**1941 SW 8 ST**      **1941 SW 8 ST**  
**MIAMI, FL 33135**      **MIAMI, FL 33135**

**20036575**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04142005      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent

4. FEI Number  
**50-2445973**      Applied For  
 Not Applicable

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

**TRESPALCIOS, JOSE A**  
**1941 SW 8 ST**  
**MIAMI, FL 33135**

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: *[Signature]*

DATE: **04/14/05**

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, 2005 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: **P**       Delete  
 NAME: **TRESPALCIOS, JOSE A**  
 STREET ADDRESS: **1800 SW 25 ST APT 2306**  
 CITY-ST-ZIP: **MIAMI, FL 33133**

TITLE:       Change       Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: **V**       Delete  
 NAME: **LAZO, YODANIS**  
 STREET ADDRESS: **1800 SW 25 ST APT 2306**  
 CITY-ST-ZIP: **MIAMI, FL 33133**

TITLE:       Change       Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:       Delete  
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TITLE:       Change       Addition  
 NAME:  
 STREET ADDRESS:  
 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]*

DATE: **04-14-05**

DAYTIME PHONE #: **(305) 649-7484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #