

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90234 046 ***150.00

DOCUMENT # P04000067144 1. Entity Name ARTISTIC BEAUTY SPA INC.					
Principal Place of Business 3806 S.W. 137TH AVE. MIAMI, FL 33175			Mailing Address 3806 S.W. 137TH AVE. MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-1036632				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04302008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GONZALEZ, ALVARO 3806 S.W. 137TH AVE. MIAMI, FL 33175			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 fee if applicable) (NOTE: Registered Agent Signature required when retreating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing True 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	PD GONZALEZ, ALVARO 3806 S.W. 137TH AVE. MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GONZALEZ, ALVARO 3806 S.W. 137TH AVE. MIAMI, FL 33175	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GONZALEZ, ALVARO 3806 S.W. 137TH AVE. MIAMI, FL 33175	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	GONZALEZ, ALVARO 3806 S.W. 137TH AVE. MIAMI, FL 33175	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with all other like empowered.					
SIGNATURE: <u><i>Alvaro Gonzalez</i></u> 04/29/08 (Signature and typed or printed name of signing officer or director)					