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Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90294 001 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000079956

1. Entity Name
AIRBRUSH TANNING INC.

Principal Place of Business	Mailing Address
301 MICHIGAN AV # 303 303 MIAMI BEACH, FL 33139	301 MICHIGAN AV # 303 303 MIAMI BEACH, FL 33139

04072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
33-B Venetian Way	33-B Venetian Way
Suite, Apt. #, etc. #59	Suite, Apt. #, etc. #59
City & State Miami Beach FL	City & State Miami Beach FL
Zip 33139 Country	Zip 33139 Country

4. FEI Number 56-2761064 ☐ 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
TRUJILLO, FABIOLA 301 MICHIGAN AV. 303 MIAMI BEACH, FL 33139	Name Fabiola Trujillo Street Address (P.O. Box Number is Not Acceptable) 33-B Venetian Way #59 City Miami Beach FL Zip Code 33139

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P TRUJILLO, FABIOLA 301 MICHIGAN AV # 303 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FABIOLA TRUJILLO 33-B Venetian Way #59 Miami Beach FL 33139 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #