## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Mar 18, 2005 8:00 am Secretary of State

1. Entity Nam EUROPE	18	# P0400081 JTY SALON INC.	151 				03-18-2005 90	-	6 ***150.	.00
Principal Place of Business 3148-D 30TH AVENUE N.: UNIT 103 ST. PETERSBURG, FL 33713			Mailing Address 3148-D 30TH AVENUE N. UNIT 103 ST. PETERSBURG, FL 33713		-		I tahi bita dari dahi abin		 <b>11: 1111 5111</b> ik	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01242005	Chg-P	CR2E	034 (10/03)		
City & State			City & State			4. FEI Numb	1151842		<u> </u>	pplied For ot Applicable
Zip	Country		Zip Coun		ntry		of Status Desired		\$8.75 Add Fee Require	
6Name and Address of Current Registered Agent-					Name	7. Name and	Address of New Re	gistered	Agent	
PETRI, MARIA M 3148-D 30TH AVENUE N. UNIT 103					Street Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG, FL 33713					City				Zip Cod	de
8. The above	named entit	y submits this statement for	the purpose of changing its	register		ered agent, or bo	th, in the State of Flor	FL ida. I am	• <u> </u>	
the obligations of registered agent.										
SIGNATURE										
FILE NOWILI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   - Added to Fees										
10.	r_	OFFICERS AND D	_	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ARIA M OTH AVENUE N., UNIT RSBURG, FL 33713	□ Dekete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME — STREET ADDRESS CITY-ST-ZIP			Delete			-	-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		-				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ 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.  MARA  LETRI  2. 111.0.5										