## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2005 8:00 am Secretary of State

| DOCUMENT # P04000107952  1. Entity Name EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.  |   |  |   |                       | 02-02-2005                 | 90069 0                | U6 ***13U                                    | .00   |  |
|---|---|--|---|-----------------------|----------------------------|------------------------|--|---|--|
| Principal Place of Business   | Mailing Address                               |  |   |                       |                            |                        | <del>-</del>                                 |   |  |
| 12530 SW 8TH STREET   | 12530 SW 8TH STREET                           |  |   |                       |                            |                        |  |   |  |
| MIAMI, FL 33184   | MIAMI, FL 33184                               | ·  |   |                       |                            |                        |  |   |  |
|   |   |  |   | 1 10011021 111        |                            | (6)    (6)   (7)    10 | INIA (NIA) ANIA 113                          | 1986 (1 (89)  |  |
| D. Drivetted Diverse 4 Diverse  | 2 Maillean Address                            |  |   |                       |                            |                        |  |   |  |
| 2. Principal Place of Business  3. Mailing Address  11373 W. Flagler St. 11373 W. Flalger St.   |   |  |   |                       | O BIN BIOLE DULL BUIL BUIL |                        |  |   |  |
| 11373 W. Flagler St. 11373 W. Flalger St. Suite Apt. #, etc.  |   |  | St.   |                       |                            |                        |  |   |  |
| 209 209   |   |  |   | 01262005              | Chg-P                      | CR2E                   | 034 (10/03)                                  |   |  |
| City & State City & State   |   |  |   | 4. FEI Numbe          | er                         |                        | Ap   | plied For   |  |
| Miami, Fl. Miami, Fl.   |   |  |   | 20-1                  | 394952                     |                        | No   | t Applicable  |  |
| Zip Country   | Zip   | Zip Country  |   |                       | ¢9.75 Additional           |                        |  |   |  |
| 33174 USA   | _ 331-74                                      | USA  |   | 5: Certificate        | or Status Desired          |                        | Fee Required                                 | 1   |  |
| 6. Name and Address of Curre  | nt Registered Agent                           |  |   | 7. Name and           | Address of New F           | Registered             | Agent  |   |  |
|   |   | Name   | יא ד רוק  | דא ספפי               | A NITITE C                 |                        |  |   |  |
| PESANTES, EDIMIA M  |   |  | EDIMIA PESANTES  Street Address (P.O. Box Number is Not Acceptable) |                       |                            |                        |  |   |  |
| 12530 SW 8TH STREET   |   |  | 11373 W. Flalger St   |                       |                            |                        |  |   |  |
| 1011/1011, 1 E 33104  | MIAMI, FL 33184                               |  |   |                       | riger oc                   |                        |  |   |  |
|   |   | -  | <u>lite</u>   | 209                   |                            |                        | Zip Code                                     |   |  |
|   |   |  | City Miami FL   |                       |                            |                        |  | 4   |  |
| 8. The above named entity submits this statement  | t for the purpose of changing its re          | egistered office or  | registere   | d agent, or bot       | h, in the State of Fl      | orida. I am            | familiar with,                               | and accept  |  |
| the obligations of registered agent.  |   | 0  |   |                       |                            |                        |  | /   |  |
| SIGNATURE 1   | 5 EDIMIA                                      | - KUSANI   | ks_   |                       |                            | /-                     | 26-61  |   |  |
| Signature, trafed or printed name of registered at  | ent and title if applicable. (NOTE:           | Registered Agent signatu   | re required v   | when reinstating)     |                            | DATE                   |  |   |  |
|   |   |  |   |                       |                            |                        |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$55   |   | oution.  |   | O May Be<br>d to Fees |                            |                        |  |   |  |
| After May 1, 2005 Fee will be \$55  | 0.00 Trust Fund Contrib                       | oution.  |   | d to Fees             | CHANGES TO OFF             | CERS ANI               |  |   |  |
| ### After May 1, 2005 Fee will be \$55  10. OFFICERS AT  TITLE PTD  | 0.00 Trust Fund Contril                       | 11.  |   | d to Fees             | CHANGES TO OFF             | CERS ANI               | D DIRECTORS                                  | S IN 11   |  |
| After May 1, 2005 Fee will be \$55           10.         OFFICERS AT           TITLE         PTD           NAME         PESANTES, EDIMIA M  | 0.00 Trust Fund Contrib                       | 11. TITLE NAME   |   | d to Fees             | CHANGES TO OFF             | FICERS ANI             |  |   |  |
| After May 1, 2005 Fee will be \$55   10. OFFICERS AT  | 0.00 Trust Fund Contrib                       | TITLE NAME STREET ADDRESS  |   | d to Fees             | CHANGES TO OFF             | FICERS ANI             |  |   |  |
| ### After May 1, 2005 Fee will be \$55  10. OFFICERS AFTER AF | O.00 Trust Fund Contril ND DIRECTORS          | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | d to Fees             | CHANGES TO OFF             | FICERS ANI             | ☐ Change                                     | Addition  |  |
| ### After May 1, 2005 Fee will be \$55  10. OFFICERS AT  TITLE PTD  PESANTES, EDIMIA M  STREET ADDRESS 11377 W. FLAGLER ST.  CITY-ST-ZIP MIAMI, FL 33174  TITLE VPSD  | 0.00 Trust Fund Contrib                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |   | d to Fees             | CHANGES TO OFF             | FICERS ANI             |  |   |  |
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replaced on this report of supplemental reports true and accurate and that my signature shall have the same legal effect as it 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.