


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2005 90069 006 \*\*\*150.00

|   |                                      |  |  |  |  |
|---|--------------------------------------|--|--|--|--|
| <b>DOCUMENT # P04000107952</b>  |                                      |  |  |   |  |
| 1. Entity Name<br><b>EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.</b>   |                                      |  |  |  |  |
| Principal Place of Business<br><b>12530 SW 8TH STREET<br/>MIAMI, FL 33184</b>   |                                      |  | Mailing Address<br><b>12530 SW 8TH STREET<br/>MIAMI, FL 33184</b>  |  |  |
| 2. Principal Place of Business<br><b>11373 W. Flagler St.</b>   |                                      | 3. Mailing Address<br><b>11373 W. Flagler St.</b>  |  |  |  |
| Suite, Apt. #, etc.<br><b>209</b>   |                                      | Suite, Apt. #, etc.<br><b>209</b>  |  |  |  |
| City & State<br><b>Miami, FL</b>  |                                      | City & State<br><b>Miami, FL</b>   |  | 01262005 Chg-P CR2E034 (10/03)   |  |
| Zip<br><b>33174</b>   |                                      | Zip<br><b>33174</b>  |  | 4. FEI Number<br><b>20-1394952</b>   |  |
| Country<br><b>USA</b>   |                                      | Country<br><b>USA</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                                      |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PESANTES, EDIMIA M<br/>12530 SW 8TH STREET<br/>MIAMI, FL 33184</b>  |                                      |  | 7. Name and Address of New Registered Agent<br>Name<br><b>EDIMIA PESANTES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11373 W. Flagler St</b><br>Suite 209<br>City<br><b>Miami</b> FL Zip Code<br><b>33174</b> |  |  |
| 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:  <b>EDIMIA PESANTES</b> DATE: <b>1-26-05</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>   |                                      |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| 10. OFFICERS AND DIRECTORS  |                                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE   | PTD <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  | PESANTES, EDIMIA M                   | NAME   |  |  |  |
| STREET ADDRESS  | 11377 W. FLAGLER ST.                 | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33174                      | CITY-ST-ZIP  |  |  |  |
| TITLE   | VPSD <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  | PIEDRA, SORAIDA                      | NAME   |  |  |  |
| STREET ADDRESS  | 11377 W. FLAGLER ST.                 | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33174                      | CITY-ST-ZIP  |  |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  |                                      | NAME   |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP  |  |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  |                                      | NAME   |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP  |  |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  |                                      | NAME   |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP   |                                      | 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:  <b>EDIMIA PESANTES</b> DATE: <b>1-26-05</b> 786-376-1841<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                      |  |  |  |  |