

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90018 015 ***150.00

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1. Entity Name
EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.



Principal Place of Business
**11373 WEST FLAGLER STREET
#209
MIAMI, FL 33174**

Mailing Address
**11373 WEST FLAGLER STREET
#209
MIAMI, FL 33174**

40079416



03162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1394952

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PESANTES, EDIMIA M
11373 WEST FLAGLER STREET
#209
MIAMI, FL 33174**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PESANTES, EDIMIA M
STREET ADDRESS	11377 W FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VPSD
NAME	PIEDRA, ZORAIDA
STREET ADDRESS	11373 W FLAGLER ST STE 309
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	AD
NAME	CUERVO, FANERY
STREET ADDRESS	11373 W FLAGLER STR STE 209
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	PTD
NAME	PESANTES, EDIMIA
STREET ADDRESS	11373 W FLAGLER ST STE 209
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/07 (307) 480-1007
Date Daytime Phone #