## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000107952**

1 Entity Name

EURÉKA INSTITUTE OF HEALTH AND BEAUTY INC.



Principal Place of Business

MIAMI, FL 33174

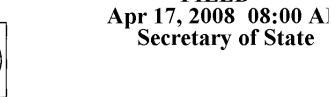
Mailing Address

11373 WEST FLAGLER STREET #209

11373 WEST FLAGLER STREET

#209

MIAMI, FL 33174





## DO NOT WRITE IN THIS SPACE

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1394952

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**FILED** 

6. Name and Address of Current Registered Agent

PESANTES, EDIMIA M 11373 WEST FLAGLER STREET #209

MIAMI, FL 33174

## DO NOT WRITE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or regis	tered agent, or both	n, in the State of Fl	orida. I am fami	liar with, and	accept
SIGNATURE_							• •	
	Signature, typed or printed name of registered agent and title	applicable (NOTE, Registers	ed Agent signature requ	red when reinstating) 44		DATE '	•••	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution.		5.00 May Be dded to Fees	U0000:	0904624	<u>.</u> <u>55 456 3</u>	·*************************************
10.	OFFICERS AND DIREC	TORS					ا ۽ والوق ۾ عور فيدا. سُديدُ آنا هُلا	igenti ( z ) g
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PESANTES, EDIMIA M 11377 W. FLAGLER ST. MIAMI, FL 33174							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PIEDRA, ZORAIDA 11373 W FLAGLER ST STE 309 MIAMI, FL 33174					The state of the s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD CUERVO, FANERY 11373 W FLAGLER STR STE 209 MIAMI, FL 33174			DO,	NOT W	/RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PESANTES, EDIMIA 11373 W FLAGLER ST STE 209 MIAMI, FL 33174			INT	THIS SI	PACE	Vieta in	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

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:

TITLE

STREET ADDRESS CITY-ST-ZIP

YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(30r)480-100r