


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000107952</b>	
1. Entity Name <b>EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.</b>	

Principal Place of Business <b>11373 WEST FLAGLER STREET #209 MIAMI, FL 33174</b>	Mailing Address <b>11373 WEST FLAGLER STREET #209 MIAMI, FL 33174</b>
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1394952</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PESANTES, EDIMIA M 11373 WEST FLAGLER STREET #209 MIAMI, FL 33174</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000904624</b> <b>05/01/08 00000-000-150-75</b>
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10. OFFICERS AND DIRECTORS	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD CUERVO, FANERY 11373 W FLAGLER STR STE 209 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PESANTES, EDIMIA 11373 W FLAGLER ST STE 209 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.

<b>SIGNATURE:</b> 	<b>04/17/08</b> (305) 480-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #