## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 18, 2005 8:00 am Secretary of State DOCUMENT # P04000124546 1. Entity Name 03-18-2005 90064 037 \*\*\*150.00 FADE MASTERS OF MIAMI, CORP. Principal Place of Business Mailing Address 3172 N.W. 7TH STREET 3172 N.W. 7TH STREET 40044564 **MIAMI FL 33125** MIAMI FL 33125 2. Principal Place of Business 3177 Nw. 7 Street 3. Mailing Address 3172 New 7 street Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Miami FL. 20-1703399 Miami . FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33/25 EEUU 33125 EE44 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Heredia Maxiela V. HEREDIA, MARIELA V Street Address (P.O. Box Number is Not Acceptable) 801 S RYL POINCIANA BV 313 MIAMI SPRINGS FL 33166 801 S. Royal Poinciana Blud. Zip Code ろうieを 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. 305-781-0954 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT ☐ Delete TITLE ☐ Change ☐ Addition HEREDIA, MARIELA V NAME NAME 3172 N.W. 7TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33125** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME TEJASIA, MILAGROS A NAME 850 N. MIAMI AVE #1403 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33136 CITY-ST-ZIP THE - Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [ ] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP 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

FILED

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