

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90097 004 ***150.00

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| DOCUMENT # P04000162342 | | | |
| 1. Entity Name MIAMI LAKES BATH & BEAUTY, INC | | | |
| Principal Place of Business 4715 NW 157TH STREET STE #211 MIAMI, FL 33014 | | Mailing Address P.O. BOX 398522 MIAMI BEACH, FL 33239 | |
| 2. Principal Place of Business 4715 NW 157th ST Suite, Apt. #, etc. #211 | | 3. Mailing Address P O Box 398522 Suite, Apt. #, etc. | |
| City & State Miami - FL | | City & State Miami Beach - FL | |
| Zip 33014 | Country USA | Zip 33239 | Country USA |
| 6. Name and Address of Current Registered Agent ANGELINI, CHRIS 888 BRICKELL KEY DR #605 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: Chris Angelini (P) Feb 14/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ANGELINI, CHRIS 888 BRICKELL KEY DR #605 MIAMI, FL 33131 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Chris Angelini (P) | | Date: Feb 14/05 Daytime Phone #: 305-372-0789 | |