

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079180

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: ECLAIT BEAUTY AND HEALTH, INC

## Current Principal Place of Business:

10046 GRIFFIN RD.  
COOPER CITY, FL 33328

## New Principal Place of Business:

690 NW 90TH TERRACE  
PLANTATION, FL 33324

## Current Mailing Address:

10046 GRIFFIN RD.  
COOPER CITY, FL 33328

## New Mailing Address:

690 NW 90TH TERRACE  
PLANTATION, FL 33324

FEI Number: 20-2946764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRADERA, ANDREA D  
10046 GRIFFIN RD.  
COOPER CITY, FL 33328 US

## Name and Address of New Registered Agent:

PRADERA, ANDREA D  
690 NW 90TH TERRACE  
PLANTATION, FL 33324 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/27/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PRADERA, ANDREA D  
Address: 10046 GRIFFIN RD.  
City-St-Zip: COOPER CITY, FL 33328

Title: SD ( ) Delete  
Name: PRADERA, ERIKA P  
Address: 10046 GRIFFIN RD.  
City-St-Zip: COOPER CITY, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PRADERA, ANDREA D  
Address: 690 NW 90TH TERRACE  
City-St-Zip: PLANTATION, FL 33324

Title: SD (X) Change ( ) Addition  
Name: PEDRAZA, ERIKA P  
Address: 690 NW 90TH TERRACE  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA PRADERA

Electronic Signature of Signing Officer or Director

PD

04/27/2006

Date