2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000038401

Entity Name

SENSATIONS OF THE PALM BEACHES, INC.



Principal Place of Business

337 E. INDIANTOWN RD.

SUITE 14 JUPITER, FL 33477 Mailing Address

337 E, INDIANTOWN RD.

SUITE 14

JUPITER, FL 33477

FILED Jul 16, 2004 08:00 AM Secretary of State



07062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0414392 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROORK, JAY V 337 E. INDIANTOWN RD. SUITE 14 JUPITER, FL 33477

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8. The above the obligat	named entity submits this statement for thi ons of registered agent.	e purpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familier with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and t	life if applicable. (NOTE Registere	d Agent signature	e required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
19. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROORK, JAY V 337 E. INDIANTOWN RD., #14 JUPITER, FL 33477				8800008100007 0
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BAVIENSI, JOSEPH 337 E, INDIANTOWN RD., #14 JUPITER, FL 33477				000000166670 07/16/04-80006-010 150.00 ⁻
THE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY ST-ZIP					
INLE NAME STREET ADDRESS CITY - ST - ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04 53/-743-9=