


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90038 047 ***150.00

DOCUMENT # P93000050407	
--------------------------------	---

1. Entity Name CESARS BEAUTY, INC.	Principal Place of Business 2900 W SAMPLE RD BAY 440 POMPANO BEACH, FL 33073 US	Mailing Address 2900 W SAMPLE RD BAY 440 POMPANO BEACH, FL 33073 US
--	---	---

2. Principal Place of Business 2900 W. Sample Rd Suite, Apt. #, etc. BAY 270 City & State Pompano Bch., FL Zip 33073 Country USA	3. Mailing Address 2900 W. Sample Road Suite, Apt. #, etc. BAY 270 City & State Pompano Beach, FL Zip 33073 Country USA
--	---



07152005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0426518	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent ZEITLER, MARC 2900 W SAMPLE RD BAY 440 POMPANO BEACH, FL 33073

7. Name and Address of New Registered Agent Name Zeitler, Marc Street Address (P.O. Box Number is Not Acceptable) 2900 W. Sample Road Bay 270 City Pompano Bch. FL Zip Code 33073
--

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** _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
---	---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZEITLER, MARC 2900 W SAMPLE RD BAY 440 POMPANO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bay 270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Marc Zeitler 7/15/05 954-970-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
50056054

MARKROB ACCOUNTING SERVICE, INC.

PO BOX 771210
CORAL SPRINGS, FL. 33077-1210
954.346.7288-BROWARD 954.346.7217-FAX
954.434.5996-S.BROWARD 305.621.9382-DADE

07/15/05

Florida Dept of State
Annual Reports Filings
Division of Corporations
PO BOX 6327
Tallahassee, Fl. 32314

Re: Corporate Renewals

Cesars Beauty, Inc.
P93000050407

To Whom It May Concern:

We are requesting acceptance of the enclosed filing for the 2005 Uniform Business report for our client Cesars Beauty, Inc.

While in our office we determined the client had not filed his 2005 corporate renewal, the client advised us that he had not received any notification from the state and could we assist him with the renewal.

We therefore printed a new UBR report and determined that under FS 607.193(2)(b), since the client had not received notification the penalty can be waived.

We therefore request acceptance of the 2005 UBR as filed and to waive any penalty due to an address change.

Should you have any questions, please feel free to contact the client.

Thank you,
Sincerely,

David Hernandez