

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90170 029 \*\*\*158.75

**004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

MENT # P93000080834

KISH BATH, INC.,



of Business

Mailing Address

S AVE  
FL 331405445 COLLINS AVE  
MIAMI BEACH, FL 33140

04282004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. PEI Number

65-0508328

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**N. BORIS  
NS AVE  
CH, FL 33140

I, the undersigned, being a resident or duly qualified agent of the corporation, certify that the corporation 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 responsibility of, the corporation's compliance with the provisions of the law.

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

**NOW!!! FEE IS \$150.00**  
**by 1, 2004 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution.**\$5.00** May Be  
Added to Fees**OFFICERS AND DIRECTORS**P  
TUBERMAN, BORIS  
5445 COLLINS AVE  
MIAMI BEACH, FL 33140T  
SOLON, ALEX  
5445 COLLINS AVE., PAV. 5  
MIAMI BEACH, FL 33140VP  
LUDMILLA, TUBERMAN  
5445 COLLINS AVE  
MIAMI BEACH, FL 33140S  
SOLON, DORINA  
5445 COLLINS AVE  
MIAMI BEACH, FL 33140

I 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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04 305-868-4917