

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034491

FILED
Apr 15, 2004
Secretary of State

Entity Name: EMILIA'S SKIN CARE CENTER, INC.

Current Principal Place of Business:

2809 BIRD AVE
2G
COCONUT GROVE, FL 33133 US

Current Mailing Address:

2809 BIRD AVE
2G
COCONUT GROVE, FL 33133 US

FEI Number: 65-0582345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIRADDIO, EMILIA D
2809 BIRD AVE
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

2829 BIRD AVE
10
COCONUT GROVE, FL 33133 US

New Mailing Address:

2829 BIRD AVE
10
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

DIRADDIO, EMILIA D
2829 BIRD AVE
10
COCONUT GROVE, FL 33133 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: EMILIA D. DIRADDIO

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIRADDIO, EMILIA D
Address: 2301 S.W 82ND AVE.
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIRADDIO, EMILIA D
Address: 7040 SW 24TH ST #403
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EMILIA D DIRADDIO

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date