2004 SANGER REPORT"

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000004172**1. Corporation Name

WEAR ETERNAL COSMETTIC INC

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Plac		Mailing Address			
	NW 8 ST.	7383 NW 8	st.		
Maui & 33186		Mauri Fr	33186	3. Date Incorporated or Qualified	3a. Date of Last Report
	lace of Business	2a. Mailing Address	- 1.0	4. FEI Number	Applied For
21 880	- , -	26 880 sw 7	70 MM	65-0646658	Not Applicab
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	mei 1th	City & State 28 Hiauui	R	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3314	11	1==1	Country 0 USA	. Torred Clareto	Yes No
	Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
FOR	evaudo pakees	-			· ,
7 3	83 NW 8 Xt		82 . Street	Address (P.O. Box Number is Not Acceptate (\$0 SW 70 APL	ole)
M	auci, h 3018	Ь	94 City	Hiowi	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	the above-named	cornoration submits this statement for the r	purpose of changing its registers
office or r	egistered agent, or both, in the State familiar with, and accept the obli	te of Florida. Such change was au	thorized by the corp	poration's board of directors. I hereby accept	ot the appointment as registered
SIGNATUR	$\mathcal{L} = \mathcal{L} = 0$	us Fewens	o PACITEZ	required when reinstating)	4/x0/04
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PIO	☐ DELETE	1.1 TITLE .		Change Additio
NAME	FERNANDO PARITECO)	1.2 NAME	_	
STREET ADDRESS	7383 NW & ST		1.3 STREET ADDRESS	880 SW 70 Ave	
CLTY-ST-ZIP		126	1.4 CITY - ST - ZIP	MIANI /2 33144	
TITLE	6 10	☐ DELETE	2.1 TITLE		Change Additio
NAME	JAIRO LADINO ,1		2.2 NAME	. 4 -	•
STPEET ADDRESS	7383 NW 84		2.3 STREET ADDRESS	880 EW 70 Are	
CITY - ST - ZIP	Macui & 3	3 1>6	2.4 CITY - ST - ZIP	MIAM R 33144	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	·		3.2 NAMÉ	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		I De ese	3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE	40003407 4 04/27/040104100	Change Addition
NAME			4. 2 NAME	U4/27/U4U1U41UU	l5 **150.00
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY - ST - ZIP		Change Addition
NAME		U DELETE	5 † TITLE		Change Additio
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-SI-ZIP			5.4 CITY-ST-ZIP	•	
TITLE	<u>'</u>	DELETE	6.1 TITLE	·	Change Additio
NAME	•	Land Decert	62 NAME		Sharige Additio
STREET ADDRESS		,	6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
14. I do hereb	ov certify that the information suppli	ed with this filing does not qualify	for the exemption s	tated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio Lam an o	in indicated on this annual report or	supplemental annual report is true or the receiver or trustee empower	e and accurate and ed to execute this r	that my signature shall have the same lega eport as required by Chapter 607, Florida S	I effect as if made under noth: the