2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015356

Entity Name: OASIS BEAUTY & SPA, INC.

FILED Feb 16, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15824 S.W. 137TH AVE. MIAMI, FL 33177

Current Mailing Address: New Mailing Address:

15824 S.W. 137TH AVE. MIAMI, FL 33177

FEI Number: 65-0649567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 CORDERO, RAYSA
 LIZ, RAYSA

 13829 SW 157 TERR
 13829 SW 157 TERR

 MIAMI, FL 33177 US
 MIAMI, FL 33177 U

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: RAIZA LIZ 02/16/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: GUERRA, YOLANDA Name: LIZ, RAISA

 Name:
 GUERRA, YOLANDA
 Name:
 LIZ, RAISA

 Address:
 15824 SW 137 AVE
 Address:
 15824 SW 137 AVE

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33177

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 GUERRA, JUAN
 Name:
 LIZ, RAISA

 Address:
 15824 SW 137 AVE.
 Address:
 15824 SW 137 AVE.

 Address:
 15824 SW 137 AVE.
 Address:
 15824 SW 137 AV

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33177

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: RAIZA LIZ PRES 02/16/2004