2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2004 8:00 am Secretary of State

DOCUMENT # P97000091035 1. Entity Name TROMPE L'OEIL SALON, INC.						02-05-2004 90015 014 ***150.00					
Principal Place	e of Business	Mailing Address				940***					
PO BOX 7512 NAPLES, FL 34101-7512		P 0 B0X 7512 NAPLES, FL 34101-7512			}	t f al it a nı fil	: 1817: 38811 88117 88124 8831		I) 63 8 11 8 10 11 8 11 1 11 1 11 11 11	IBB! 1882	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01072004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Number 59-3475515			No	plied For t Applicable		
Zip	Country	Zip	itry		5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent					Name and Address of New Registered Agent						
DION, N T 4296 CUTLASS LANE NAPLES, FL 34102				Street Address (P.O. Box Number is Not Acceptable)							
NAPLES, I	-L 34102										
				City	FL Zip Code					•	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	OFFICERS AND			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11			
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CITY-ST-ZIP	and in the sines properties & these			-ST-ZIP					(65)	اسر المحمد الله المواس	
12 liborahu		this filing does not qualify for	the eve	motion state	ed in Se	ction 119 07/31/	i) Florida Statutes	further certi	ify that the in	formation	

12. Thereby 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 policy like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #