


**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90145 009 \*\*\*100.00  
05-27-2005 90021 032 \*\*\*\*\*50.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |
|--|---|
| <b>DOCUMENT # P98000022908</b><br>1. Entity Name<br><b>BEAUTIFUL SKIN AND BODY CARE BY PAOLA, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>4315 N.W. 7TH STREET<br/>#51<br/>MIAMI, FL 33126</b> | Mailing Address<br><b>4315 N.W. 7TH STREET<br/>#51<br/>MIAMI, FL 33126</b> |
|--|--|



02212005 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0847285</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**DO NOT WRITE IN THIS SPACE**

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><b>ACOSTA, PAULA H<br/>4315 N.W. 7TH STREET<br/>#51<br/>MIAMI, FL 33126</b> |
|--|

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br><b>ACOSTA, PAUL H<br/>4315 N.W. 7TH STREET<br/>MIAMI, FL 33126</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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12. I hereby 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 other like empowered.

SIGNATURE:  **President** 04-20-05 (305) 461-1244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment  
# P98000022908

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## Check Image – Front

Posting Date: 05/06/2005

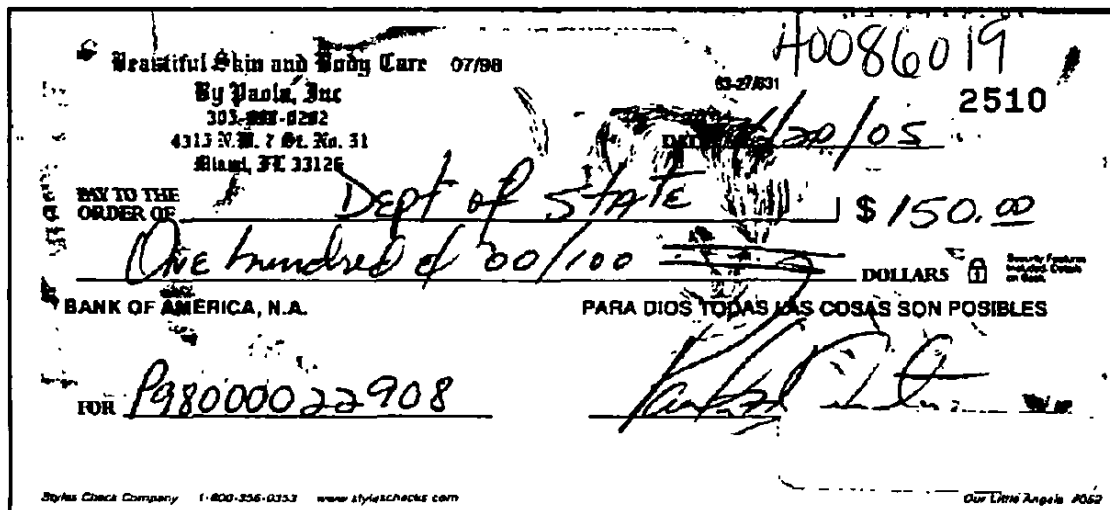
Check #: 2510

Amount: \$100.00

Reference: 85740886677

Account: DDA-9435

Nickname:



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