


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

04-23-2004 90214 006 ***150.00

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DOCUMENT # P99000010522			
1. Entity Name CRISTMARY BEAUTY SALON CORP.			
Principal Place of Business 875 S.W. 8TH ST. MIAMI, FL 33130		Mailing Address 875 S.W. 8TH ST. MIAMI, FL 33130	
2. Principal Place of Business 975 SW 8TH ST		3. Mailing Address 975 SW 8TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL 33130		City & State MIAMI, FL 33130	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent MEDINA, CRISTINA 3111 S.W. 11 STREET MIAMI, FL 33135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVP MEDINA, CHRISTINA 3111 SW 11 STREET MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Cristina Medina</u>		Date: <u>05/06-04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	