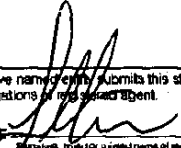
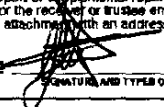


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90748 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000059477		
1. Entity Name A TOUCH OF ELEGANCE, INC.		
Principal Place of Business 8631 N.W. 54 STREET MIAMI, FL 33166		Mailing Address 6619 S. DIXIE HIGHWAY, #149 MIAMI, FL 33143
2. Principal Place of Business 6160 S.W. 156 Court		3. Mailing Address P.O. Box 835883
State, Apt. #, etc. MIAMI, FL		State, Apt. #, etc. MIAMI, FL
City & State MIAMI, FL		City & State MIAMI, FL
Zip 33193		Zip 33283
Country USA		Country USA
4. FEI Number 65-0929115		Applied For ☐ NOT APPLICABLE
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GARCIA, LILLIAN 14347 S.W. 11 TERRACE MIAMI, FL 33184		7. Name and Address of New Registered Agent Name Garcia, Lillian Street Address (P.O. Box Number is Not Acceptable) 6160 S.W. 156 Court City MIAMI FL 33193
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 my stated agent. SIGNATURE  Garcia, Lillian Date 4/08/03 (NOTE: Registered Agent's signature required when changing agent.)		
9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE P	NAME GARCIA, LILLIAN	☐ Delete
STREET ADDRESS 6619 SOUTH DIXIE HIGHWAY #149		
CITY-STATE-ZIP MIAMI, FL 33143		
TITLE VP	NAME GARCIA, NESTOR	☐ Delete
STREET ADDRESS 6619 SOUTH DIXIE HIGHWAY #149		
CITY-STATE-ZIP MIAMI, FL 33184		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME Garcia, Lillian	☐ Change ☐ Addition
STREET ADDRESS P.O. Box 835883		
CITY-STATE-ZIP MIAMI, FL 33283		
TITLE VP	NAME Garcia, Nestor	☐ Change ☐ Addition
STREET ADDRESS P.O. Box 835883		
CITY-STATE-ZIP MIAMI, FL 33283		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
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:  Garcia, Nestor Date 4/08/03 305-525-3301 (NOTE: Registered Agent's signature required when changing agent.)		