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.

90123446

Principal Place of Business	Mailing Address
8631 N.W. 54 STREET MIAMI, FL 33166	6619 S. DIXIE HIGHWAY, #149 MIAMI, FL 33143

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6160 S.W. 156 Court Suite, Apt. #, etc.	P.O. Box 835883 Suite, Apt. #, etc.
City & State: Miami, FL Zip: 33193 Country:	City & State: Miami, FL Zip: 33283 Country:

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	7. Name and Address of New Registered Agent
GARCIA, LILLIAN 14347 S.W. 11 TERRACE MIAMI, FL 33184	Name: Garcia, Lillian Street Address (P.O. Box Number is Not Acceptable): 6160 S.W. 156 Court City: Miami FL Zip Code: 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 registered agent.

SIGNATURE: Garcia, Lillian 4/08/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when changing) Date

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Tallahassee, Florida

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P GARCIA, LILLIAN 6619 SOUTH DIXIE HIGHWAY #149 MIAMI, FL 33143	☐ Delete	Garcia, Lillian P P.O. Box 835883 Miami, FL 33283		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GARCIA, NESTOR 6619 SOUTH DIXIE HIGHWAY #149 MIAMI, FL 33184	☐ Delete	Garcia, Nestor VP P.O. Box 835883 Miami, FL 33283		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition

CR2E034 (10/02)

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 4/08/03 305-595-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #