

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P99000097411 1. Entity Name L'ESSENCE INTERNATIONAL MODEL & TALENT AGENCY, INC.				FILED 04 OCT -7 PM 12:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6175 NW 167TH ST G 31 HIALEAH, FL 33015		Mailing Address 6175 NW 167TH ST G 31 HIALEAH, FL 33015			
2. Principal Place of Business 770 E 44th ST Suite, Apt. #, etc.		3. Mailing Address 770 E 44 ST Suite, Apt. #, etc.			
City & State HIALEAH FL Zip 33013		City & State Hialeah FL Zip 33013		4. FEI Number 65-0963041	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURIEZ, KARLA 770 E 44TH ST HIALEAH, FL 33013			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RIOS, LUZ 770 EAST 44 STREET HIALEAH, FL 33013		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HARPER, JAMIE 770 E 44th Street Hialeah FL 33013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MURIEL, KARLA E 770 EAST 44 ST HIALEAH, FL 33013		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MURIEL, Karla 770 E 44 ST. Hialeah FL 33013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 9/29/04 305 534 1214 Daytime Phone #		

2082

September 29, 2004

DIVISION OF CORPORATION
2670 EXECUTIVE CENTER DR #100
TALLAHASSEE, FL 32301

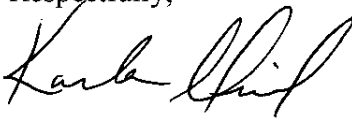
L'ESSENCE INTERNATIONAL MODEL
770 E 44TH STREET
HIALEAH, FL 33013

Re: Waive of penalty

Please request that we be waived the late filing penalty. Be aware that we have missed the deadline filing due to the moving of the physical address of the corporation. Also note that the corporation does not have the financial sources to support this penalty.

You utmost consideration on this matter will be appreciated.

Respectfully,



KARLA MURIEL
Vice-President