


102

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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
3. Mailing Address: 770 E 44 ST

City & State: HIALEAH FL
Zip: 33013 Country: USA



09292004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0963041 Applied For: Not Applicable

5. Certificate of Status Desired: \$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: \$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: PT NAME: RIOS, LUZ STREET ADDRESS: 770 EAST 44 STREET CITY-ST-ZIP: HIALEAH, FL 33013	<input checked="" type="checkbox"/> Delete	TITLE: PT NAME: HARPER, JAMIE STREET ADDRESS: 770 E 44 STREET CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VS NAME: MURIEL, KARLA E STREET ADDRESS: 770 EAST 44 ST CITY-ST-ZIP: HIALEAH, FL 33013	<input type="checkbox"/> Delete	TITLE: SECRETARY NAME: MURIEL, Karla STREET ADDRESS: 770 E 44 ST. CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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: Karla Muriel Date: 9/29/04 305 534 1214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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