## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 23, 2004 08:00 AM Secretary of State DOCUMENT # S60978 1. Entity Name VROSIE BEAUTY SHOP, INC. Principal Place of Business Mailing Address 18087 S DIXIE HWY 18087 S DIXIE HWY MIAMI, FL 33157 MIAMI, FL 33157 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0269332 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVEILLE, YVROSE DO NOT WRITE 11041 SW 172ND TERR. MIAMI, FL 33157 IN THIS SPACE 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 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) U00000126029 04/23/04-80017-017 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DPT LEVEILLE, YVROSE NAME STREET ADDRESS 11041 SW 712ND TERR. CITY-ST-ZIP MIAMI, FL DVS TITLE NAME LEVEILLE, JACQUES STREET ADDRESS 11041 SW 712ND TERR. CITY-ST-ZIP MIAMI, FL MILE NAME STREET ADDRESS DO NOT WRITE City-St-ZIP Ditt IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-SI-ZIP THUE

12. Thereby 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 obturate 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 of chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of chapter 607, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR