


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90301 047 ***150.00

DOCUMENT # P01000049904


1. Entity Name
TABATHA EXQUISITE TOUCH INC



Principal Place of Business Mailing Address

**2234 9ST SOUTH DR MARTIN LUTHER KING ST
 ST PETERSBURG, FL 33705** **758 40TH AVE SOUTH
 ST PETERSBURG, FL 33705**

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3672062	App'd For Not App'caoe
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MACK, SEDRIC
 3530 1ST AVE N
 STE 205
 SAINT PETERSBURG, FL 33713**

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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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACKEY, CONSUELO
STREET ADDRESS	758 40TH AVE SOUTH
CITY ST ZIP	ST PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I 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 another like empowered.

SIGNATURE: *Consuelo Mackey 4/26/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR