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

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000089721

1. Entity Name

BEAUTY BUYS.COM INC.



**FILED** Mar 29, 2004 08:00 AM Secretary of State

Principal Place of Business

7601 NW 68TH STREET

NO. 128

MIAMI, FL 33166

Mailing Address

7601 NW 68TH STREET

NO. 128

MIAMI, FL 33166



03112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 27-0026584

App⊩ed Fo Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET

## DO NOT WRITE

TALLAHASSEE, FL 32301-2525				IN THIS SPACE		
	named entity submits this statement for the poons of registered agent.	urpose of changing its rec	gistered office or re	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accep	
SIGNATURE	Signature typed or printed name of registered agent and title it	f applicable (NOTE Re	gistered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			U00000097771 03/29/04-80014-008 150.00	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT C FAIBISH, MAIR 7601 NW 68TH ST #127 MIAMI, FL 33166 P BARBELLA, THOMAS 7601 NW 68TH ST #127 MIAMI, FL 33166	TORS				
ITILE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP	S GERSTEIN, MITCHELL 7601 NW 68TH ST #127 MIAMI, FL 33166 D ULISES COHEN, JOSE 7601 NW 68TH ST #127 MIAMI, FL 33166				NOT WRITE THIS SPACE	
TITLE						

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 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:

NAME STREET ADDRESS C-TY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP