


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90067 015 ***158.75

DOCUMENT # F83147	
1. Entity Name PEOPLE BEAUTIFUL CORPORATION	

Principal Place of Business 3343 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309	Mailing Address 3160 INVERNESS FT LAUDERDALE FL 33332
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0050154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
BENTLEY, HARRISON 3160 INVERNESS FT LAUDERDALE FL 33332	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	BENTLEY, LAURA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2822 UNIVERSITY DR	NAME	
STREET ADDRESS	POMPANO BEACH FL 33065 CORAL SPRINGS	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE C <input type="checkbox"/> Delete	BENTLEY, HARRISON	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2822 UNIVERSITY DR	NAME	
STREET ADDRESS	POMPANO BEACH FL 33065 ✱	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	BOWEN, JESSICA VICE PRESIDENT	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2822 N. UNIVERSITY DR	NAME	
STREET ADDRESS	CORAL SPRINGS, FL 33065	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 reports 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: *Jessica Bowen* **01/27/04 954 510 4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #