

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G90769

Entity Name: HOUSE OF BEADS, INC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

2635 NW 20TH ST.
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

2635 NW 20TH ST.
MIAMI, FL 33125

New Mailing Address:

FEI Number: 59-2387802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALINDO, PASTOR
2635 NW 20TH ST.
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALINDO, PASTOR,
Address: 2635A NW 20TH ST.
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: GALINDO, RUBY A
Address: 825 LINCOLN RD.
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: GALINDO, GLORIA,
Address: 940 LINCOLN RD MALL SUITE 204
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: GALINDO, VANESSA,
Address: 940 LINCOLN RD MALL SUITE 204
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: GALINDO, ABEL
Address: 825 LINCOLN RD MALL
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR GALINDO

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date