

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90001 031 ***150.00

DOCUMENT # J58666

1. Entity Name
BE BEAUTIFUL INC.



Principal Place of Business

**8011 NE 5TH AVE
17720 N. BAY RD
MIAMI, FL 33183 US**

Mailing Address

**% REBECA GABOR
17720 N. BAY RD
N. MIAMI BEACH, FL 33160**

J58666



07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2816519

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GABOR, REBECA
17720 N. BAY RD
N. MIAMI BEACH, FL 33160**

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GABOR, REBECA
17720 N. BAY RD
N. MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 524064470
Doc. # J 18.6666

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2004.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY. PLEASE
ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF THE ANNUAL REPORT
FEE.

YOURS TRULY

Rebecca John