2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# L02000008443

Entity Name: BEAUTYSAK, LLC

Current Principal Place of Business:

4124 LITTLE ROAD
TRINITY, FL 34655 US

New Principal Place of Business:

3521 UNIVERSAL PLAZA
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

4124 LITTLE ROAD
TRINITY, FL 34655 US

New Mailing Address:

1701 REGAL MIST LOOP
TRINITY, FL 34655 US

FEI Number: 04-3632403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFEBVRE, SOFIA
4124 LITTLE ROAD
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

LEFEBVRE, SOFIA
1701 REGAL MIST LOOP
TRINITY, FL 34655 US

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: SOFIA LEFEBVRE 04/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEFEBVRE, SOFIA
Address: 4124 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

Title: MGRM ( ) Delete
Name: LEFEBVRE, VICTOR
Address: 4124 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEFEBVRE, SOFIA
Address: 1701 REGAL MIST LOOP
City-St-Zip: TRINITY, FL 34655

Title: MGRM (X) Change ( ) Addition
Name: LEFEBVRE, VICTOR
Address: 1701 REGAL MIST LOOP
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SOFIA LEFEBVRE MGRM 04/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date