


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90097 003 ****50.00

DOCUMENT # L03000053979					
1. Entity Name MAG BEAUTY LLC					
Principal Place of Business 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131			Mailing Address 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131		
2. Principal Place of Business 8274 NW 14th Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, FL		City & State			
Zip 33126	Country	Zip	Country	4. FEI Number 20-0670065	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORP 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when retainering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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11. 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 is true and accurate and that my 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 808, Florida Statutes.					
SIGNATURE: _____			07/14/04 305 5992670		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		