

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069206

Entity Name: BEAUTY CONCEPTS GROUP LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

9365 W. SAMPLE ROAD, SUITE 200
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

11767 NW 48TH STREET
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-1653784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM, KATHLEEN H PRES.
11767 NW 48TH STREET
CORAL SPRINGS, FL 33076 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ABRAHAM, JOHN
Address: 11767 NW 48TH STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR () Delete
Name: ABRAHAM, KATHLEEN H
Address: 11767 NW 48TH STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR () Delete
Name: STARNES, CHARLES D
Address: 6820 NW 103RD TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: MGR () Delete
Name: CAPELLA, LESLIE
Address: 1820 NW 124TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

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

Title: PRES (X) Change () Addition
Name: ABRAHAM, KATHLEEN H
Address: 11767 NW 48TH STREET
City-St-Zip: CORAL SPRINGS, FL 33076

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 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: KATHLEEN H. ABRAHAM

PRES

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date