2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # L11491** CAPÉ CORAL BEAUTY SCHOOL, INC. Mailing Address Principal Place of Business 1214 S.E. 47TH STREET 1214 S.E. 47TH STREET CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 No Cha-P CR2E034 (10/03) 04202005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0129160 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CAMPOS KING, RHINA 5205 S.W. 3RD AVE CAPE CORAL, FL 33914 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 access the obligations of registered agent. SIGNATURE. Signature, typed or printed (NOTE, Registered Agent signature required when reinstaling) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CAMPOS KING, RHINA NAME STREET ADDRESS 5205 S.W. 3RD AVE CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE Unn0000334229 NAME CAMPOS, KARLA 04/27/05-80034-017 150.00 5205 S.W. 3RD AVENUE STREET ADDRESS CITY - ST - ZIP CAPE CORAL, FL 33914 CEO KING, HECTOR NAME 5205 S.W. 3RD AVENUE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CAPE CORAL, FL 33914 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HANGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05

Daytime Phone #