

**2007 FOR PRO CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000005327**

1. Entity Name  
**CHINESE HEALTH & BEAUTY, INC.**



Principal Place of Business  
**99 ROYAL PALM POINTE  
VERO BEACH, FL 32960 US**

Mailing Address  
**99 ROYAL PALM POINTE  
VERO BEACH, FL 32960 US**



07132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3622190</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MAZARIN, YULIN  
1741 VICTORIA CIRCLE  
VERO BEACH, FL 32967**

**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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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 MAZARIN, YULIN 1741 VICTORIA CIRCLE VERO BEACH, FL 32967
------------------------------------------------	---------------------------------------------------------------------

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

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

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

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

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

1000000770389  
07/25/07-80001-005 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

7-19-07