2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000043350

1. Entity Name N.Y.'S BEAUTY, INC.

Principal Place of Business

1680-17 DUNN AVE JACKSONVILLE, FL 32218 Mailing Address

PO BOX 26748

TAMARAC, FL 33320-6748

FILED Mar 21, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02202007 No Chg-P CR2E034 (11/05) Applied For

65-1003453 5. Certificate of Status Desired

Not Applicable

4. FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, RICHARD W 7971 NW 89TH LANE TAMARAC, FL 33321-1528

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | ourpose of changing its registere | d office or | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|---|---|---|-------------------------------|--------------------------------|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: Registered | Agent signatur | required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | U00000674290 03/29/07-80065-011 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | P BASHITI, OMAR 11310 LAMBORGHINI COURT JACKSONVILLE, FL 32246 | | DO NOT WRITE IN THIS SPACE | | |
| IITLE NAME STREET ADDRESS CITY-SI-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 | | | | | , |

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

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR