

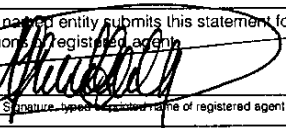
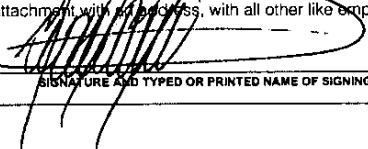


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 24 PM 12:09

<b>DOCUMENT # P00000082862</b> 1. Entity Name <b>WESTON BEAUTY CENTER, INC.</b>					
Principal Place of Business <b>2814 WESTON ROAD WESTON, FL 33326</b>			Mailing Address <b>2814 WESTON ROAD WESTON, FL 33326</b>		
2. Principal Place of Business <b>45 81 weston Rd.</b> Suite, Apt. #, etc. <b># 346</b> City & State <b>weston, FL</b> Zip <b>33331</b> Country <b>U. S. A.</b>		3. Mailing Address <b>45 81 weston Rd</b> Suite, Apt. #, etc. <b># 346</b> City & State <b>Weston FL</b> Zip <b>33331</b> Country <b>U. S. A.</b>			
01122006 Chg-P CR2E034 (11/05)				4. FEI Number <b>59-4410948</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DON GONZALEZ, P.A. 1820 N. CORP. LAKES BLVD., #201 WESTON, FL 33326</b>			7. Name and Address of New Registered Agent Name <b>Maria Munoz</b> Street Address (P.O. Box Number is Not Acceptable) <b>1535 sand piper circle</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33327</b>		
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, the registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MUNOZ, MARIA 2814 WESTON ROAD WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MUNOZ Maria 15-35 Sand piper circle 33327 weston FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 			02 23 06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		