


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P0000086443</b>		
1. Entity Name JOSIE PROFESSIONAL BEAUTY SALON, INC.		
Principal Place of Business 16786 NE 4TH PLACE NORTH MIAMI, FL 33162	Mailing Address 16786 NE 4TH PLACE NORTH MIAMI, FL 33162	
6. Name and Address of Current Registered Agent  GILLES, JOSETTE 3360 SPANISH MOSS TERRACE LAUDERHILL, FL 33319		
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 _____ <small>Signature, typed or printed name of registered agent and due if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLES, JOSETTE 16786 NE 4TH PLACE MIAMI, FL 33164	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Jolette Gilles</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1028336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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05/11/05-80020-023 150.00