2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000100369

1. Entity Name
ALL PLUS BEAUTY & FASHION, INC.

Principal Place of Business	Mailing Address
3314 1ST ST W	3314 1ST ST W
BRADENTON, FL 34208	BRADENTON, FL 34208

DO NOT WRITE IN THIS SPACE

04172008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-1050232		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OH, SANG TAEK
3314 1ST ST W
BRADENTON, FL 34208

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees	U00000922000 05/15/08-80029-019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	OH, SANG TAEK
STREET ADDRESS	3314 1ST ST W
CITY-ST-ZIP	BRADENTON, FL 34208

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   4/22/08   (941) 748-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #