

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90055 015 \*\*\*150.00

DOCUMENT # P00000101348

1. Entity Name

BEAUTY WORLD OF PENSACOLA, INC.



Principal Place of Business

3419 NORTH 12TH AVE  
PENSACOLA FL 32503-4008

Mailing Address

3419 NORTH 12TH AVE  
PENSACOLA FL 32503-4008

*Address CHANGE*

2. Principal Place of Business

15 BRENT LANE

3. Mailing Address

15 BRENT LANE

Suite, Apt. #, etc.

Suite 9A

Suite, Apt. #, etc.

Suite 9A

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32503

Country

Zip

32503

Country

4. FEI Number

62-1836779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEE, HI WHAN  
4300 DEVEREUX DRIVE  
PENSACOLA FL 32504-7814

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME LEE, HI WHAN  
STREET ADDRESS 4300 DEVEREUX DRIVE  
CITY-ST-ZIP PENSACOLA FL 32504-7814

TITLE D ☐ Delete  
NAME LEE, CHUNG HO  
STREET ADDRESS 4300 DEVEREUX DRIVE  
CITY-ST-ZIP PENSACOLA FL 32504-7814

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.