


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90050 048 ***150.00

DOCUMENT # P01000005997	
1. Entity Name NEW BEAUTY AMERICA INC.	

Principal Place of Business - 5985 STIRLING RD. DAVIE, FL 33314	Mailing Address 5985 STIRLING RD. DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1068589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MUKHTAR, AHMAD 13552 S.W. 21 STREET MIRAMAR, FL 33027
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AHMED, MUKHTAR 13552 S.W. 21 STREET MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAJEED, TARIQ 13552 S.W. 21 STREET MIRAMAR, FL 33027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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.

SIGNATURE: <i>MUKHTAR AHMAD</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>4/6/05</i>	Daytime Phone #: <i>786-346-5979</i>
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