


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000010130</b> 1. Entity Name <b>NATIONAL BEAUTY HEALTH, INC.</b>	
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Principal Place of Business <b>8025 NW 36TH STREET SUITE 303 MIAMI, FL 33166</b>	Mailing Address <b>8025 NW 36TH STREET SUITE 303 MIAMI, FL 33166</b>
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**DO NOT WRITE IN THIS SPACE**



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1077471</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**VALENCIA, FANNY  
8025 NW 36ST  
# 303  
MIAMI, FL 33166**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPLANTE, OLIVIA 8025 NW 26TH STREET SUITE 303 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALENCIA, FANNY 8025 NW 36TH STREET SUITE 303 MIAMI, FL 33166
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05/23/07-80106-015 150.00

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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:**  **FANNY VALENCIA** **4-30-07**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #