

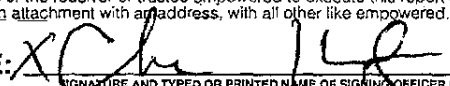


FILED
May 13, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000015848		
1. Entity Name O. K. BEAUTY SUPPLY, INC.		
Principal Place of Business 1040 EDGEWOOD AVE N JACKSONVILLE, FL 32254	Mailing Address YU D. HAN, C.P.A. 4401 EMERSON STREET 8 JACKSONVILLE, FL 32207	 04212005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-3697296		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent HAN, YU D C.P.A. 4401 EMERSON STREET SUITE A JACKSONVILLE, FL 32207		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE	PTSD	 DO NOT WRITE IN THIS SPACE
NAME	KANG, CHUN O	
STREET ADDRESS	815 CHICOPIT LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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)(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: 		Date _____ Daytime Phone # _____