



FILED
Mar 19, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000077840 1. Entity Name BEAUTY PLUS OF JACKSONVILLE, INC.			
Principal Place of Business 6855 WILSON BLVD #11 JACKSONVILLE, FL 32210		Mailing Address 4401 EMERSON ST. SUITE 8 JACKSONVILLE, FL 32207	
DO NOT WRITE IN THIS SPACE			
		03182005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3735251	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAN, YU D CPA 4401 EMERSON STREET SUITE 8 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 _____ (NOTE: Registered Agent signature required when reinstating) 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	U00000270132 03/19/05-80039-009 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHUNG, JAI H 10000 GATE PARKWAY NORTH, 815 JACKSONVILLE, FL 32246		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHUNG, IL U 10000 GATE PARKWAY NORTH, 815 JACKSONVILLE, FL 32246		
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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)(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 # _____	