

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90112 021 ***150.00

DOCUMENT # P01000089887

1. Entity Name
GOOD LOOKS BEAUTY WORLD, INC.



Principal Place of Business
**729 N. PINES HILLS RD.
ORLANDO, FL 32809**

Mailing Address
**729 N. PINES HILLS RD.
ORLANDO, FL 32809**



05062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3743697

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SINGH, BALJIT
15528 CHARTER OAKS TRAIL
CLERMONT, FL 34711**

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SINGH, BALJIT
STREET ADDRESS 15528 CHARTER OAKS TRAIL
CITY-ST-ZIP CLERMONT, FL 34711

TITLE VPD
NAME PHEKO, GUYAMCHAND
STREET ADDRESS 15528 CHARTER OAKS TRAIL
CITY-ST-ZIP CLERMONT, FL 34711

TITLE SD
NAME PHEKO, ASHA
STREET ADDRESS 15528 CHARTER OAKS TRAIL
CITY-ST-ZIP CLERMONT, FL 34711

TITLE TD
NAME SINGH, HEMRAJEE
STREET ADDRESS 15528 CHARTER OAKS TRAIL
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Baljit Singh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05
Date

407-578-4973
Daytime Phone #