

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90089 046 ***150.00

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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

DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

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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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

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 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: Baljit Singh Baljit Singh 04-16-07 407-578-4973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #