

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90274 030 \*\*\*150.00

**DOCUMENT # P01000120473**

1. Entity Name  
**BEYOND BEAUTY, INC.**



Principal Place of Business Mailing Address  
**6067 BOCA COLONY DR., APT. #1111** **6067 BOCA COLONY DR., APT. #1111**  
**BOCA RATON, FL 33433** **BOCA RATON, FL 33433**



2. Principal Place of Business 3. Mailing Address  
**1012 SPAINSDALE CIRCLE** **1012 SPAINSDALE CIRCLE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1**  
City & State City & State  
**Palm Springs FL** **Palm Springs FL**  
Zip Zip  
**33461** **33461**  
Country Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1158384 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DALTON, MARIA**  
**6067 BOCA COLONY DR., APT. #1111**  
**BOCA RATON, FL 33433**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>DALTON, MARIA</b>	
STREET ADDRESS	<b>6067 BOCA COLONY DR., APT. #1111</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DALTON MARIA</b>	
STREET ADDRESS	<b>1012 SPAINSDALE CIRCLE PALM SPRINGS</b>	
CITY-ST-ZIP	<b>FLA 33461</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-26-04** **561** **588 27789**