Apr 29 05 03:50p

J&G FINANCIAL

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

. 2	2005 FOR PROFIT ANNUAL	CORPORAT	ION	May 03, 2005 8:00 am Secretary of State
1. Entity Nan	MENT # P010001204 BEAUTY, INC.	173		05-03-2005 90164 015 ***150.00
1012 SPRIN	ce of Business GDALE CIRCLE H, FL 33461	Mailing Address 1012 SPRINGDALE CIRCLE LAKE WORTH, FL 33461		(
5886 Suito, Apt	Place of Business Town Bay Drive #, otc. 1022	3. Mailing Address 5880 Town B Suite, Apt. #, etc. /02 2_	Say Drive	04292005 Chg-P CR2F^
Zıp	oca Raton  Country  +86 USA	City & State  Cixa Rator	Country USA	4. FFI Number 65-1158384 PFC   Not Applicable  5. Certificate of Status Desi. Lu   S8.75
	6. Name and Address of Current Re	egistered Agent	Name	7. Name and Address of Newed Agent
	MARIA A COLONY DR., APT. #1111 TON, FL 33433		Street Ad	Address (P.O. Box Numbor is Not Accoptable)
DOCA NA	TON, I E 33433			Boca Raton FL Zip Code
8. The above the obligate SIGNATURE	s named entity submits this statement for the tions of registered agent.  May Duffer Duffe.  Signature. Typad or princed name of registered agent and		-··	or registered agent, or both, in the State of Florida. I am familiar with, and accept 4-29-05
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign     Trust Fund Contribu		\$5.00 May Be Added to Fees
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, MARIA 1012 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CHY-SI-ZIP	5880 Town Bay Drive Boca Ration 33486
TITLE NAME STREET ADDRESS CITY-ST-7IP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY+S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAMF STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZiP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	THEE NAME STREET ADDRESS C TY-ST-ZIP	i Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-Z-P		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Change Addition

**FILED** 

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 the corpowered. 4-29-05 561 8891793 CER OR DIRECTOR