


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90559 042 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000045612			
1. Entity Name LA BEAUTE, INC.			
Principal Place of Business 2 INDEPENDENT DR. #112 JACKSONVILLE, FL 32202		Mailing Address 2 INDEPENDENT DR. #112 JACKSONVILLE, FL 32202	
2. Principal Place of Business 9501 Arlington Exp		3. Mailing Address	
Suite, Apt. #, etc. # 310		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State	
Zip 32225	Country Duval	Zip	Country
6. Name and Address of Current Registered Agent SUNYONG, OH 387 HARTWELL TERRACE JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name Sunyong OH Street Address (P.O. Box Number is Not Acceptable) 12092 Scarsdale Dr. Jacksonville FL City Jacksonville FL Zip Code 32246	
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 Sunyong OH (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required upon reinstating) DATE 3-23-05			
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	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD SUNYONG, OH 387 HARTWELL TERRACE JACKSONVILLE, FL 32207		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD Sunyong, OH 12092 Scarsdale Dr. Jacksonville FL 32246	
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) (Signature and typed or printed name of signing officer or director)		Date 3-23-05 Daytime Phone # (904) 382-1050	