

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91253 023 \*\*\*150.00

DOCUMENT # P02000072690

1. Entity Name  
NEW LOOK WHOLESALE BEAUTY SUPPLY, CORP.



Principal Place of Business Mailing Address  
~~5591 NW 112ND AVE., BLDG. 14 #110~~ ~~5591 NW 112ND AVE., BLDG. 14 #110~~  
~~MIAMI, FL 33178~~ ~~MIAMI, FL 33178~~

2. Principal Place of Business 3. Mailing Address  
*12637 NW 7th Lane* *12637 NW 7th Lane*  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
*MIAMI FL* *MIAMI FL*  
Zip Country Zip Country  
*33182* *33182*

04272004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0091909 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
BOHORQUEZ, LUCIANO A  
5591 NW 112ND AVE., BLDG. 14 #110  
MIAMI, FL 33178  
Name *Bohorquez Luciano A.*  
Street Address (P.O. Box Number is Not Acceptable)  
*12637 NW 7th Lane*  
City *MIAMI* FL *33182*

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]* DATE *4/27/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! - FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHORQUEZ, LUCIANO A		NAME	<i>BOHORQUEZ LUCIANO A</i>	
STREET ADDRESS	<del>5591 NW 112ND AVE., BLDG. 14 #110</del>		STREET ADDRESS	<i>12637 NW 7th Lane</i>	
CITY-ST-ZIP	<del>MIAMI, FL 33178</del>		CITY-ST-ZIP	<i>MIAMI, FL 33182</i>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHORQUEZ, PIEDAD		NAME	<i>BOHORQUEZ PIEDAD</i>	
STREET ADDRESS	<del>5591 NW 112ND AVE., BLDG. 14 #110</del>		STREET ADDRESS	<i>12637 NW 7th Lane</i>	
CITY-ST-ZIP	<del>MIAMI, FL 33178</del>		CITY-ST-ZIP	<i>MIAMI, FL 33182</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* DATE *4/27/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR