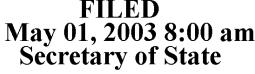
	R PROFIT CORPORA BUSINESS REPORT	
DOCUMENT # 1. Entity Name	P02000085032	
AND UNA PEACITIC INC.		



05-01-2003 90998 016 ***150.00

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v 01.	2003 8:00 am	
	ry of State	

ANHUY BEAUTY, INC.					
Principal Place of Business P.O.BOX 691796 OBLANDO FL 32869	Mailing, Address P.O.BOX 691766 OBLANDO FL 32869	V			
2. Principal Place of Business 312 N. ALAFAYA TRAIL Suite, Apt. #, etc.	3. Mailing Address Bo P. 0. Bo Suite, Apt. #, etc.	× 790	_		
City & State ORLANDO	City & State Windermer		4. FEI Number 54- 207	ハンロン トー	Applied For
Zip Country USA	Zin 786	Country USA	5. Certificate of Status Desired	\$9.75 ^	
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New		
CHAU ANDY, 8912 SOUTHERN BREEZE DR ORLANDO FL 32836		Name Street Address City	(P.O. Box Number is Not Acceptal	FL Zip Co	ode
8. The above named entity submits this statement the obligations of registered agent.	or the purpose of changing its	registered office or registe	ored agent, or both, in the State of		n, and accept
SIGNATURE	t and title if applicable. (NOTE	: Registered Agent signature require	d when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department			9. Election Campaign Trust Fund Contribu		00 May Be ed to Fees
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO O		
NAME STREET ADDRESS CITY-ST-ZIP P CHAU, ANDY 8912 SOUTHERN BREEZE DR ORLANDO FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	police 110 07(9V) F1 14- 9V-	☐ Change	

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. April 26-03 407-383-7826

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR