FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000112945

1. Entity Name

THE COLOR WORLD BEAUTY, INC.

FILED
03 APR 25 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9898 HAMMOCKS BLVD	9898 HAMMOCK BLVD
Suite, Apt. #, etc.: APT: 102	Suite, Apt. #, etc.: APT: 102
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33196 Country: US	Zip: 33196 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARINA DE LIMA BARRIOS

Street Address (P.O. Box Number is Not Acceptable)

9898 HAMMOCKS BLVD. APT: 102

City: MIAMI FL Zip Code: 33196

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(PD) MARINA DE LIMA BARRIOS 9898 HAMMOCKS BLVD APT: 102 MIAMI, FL 33196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(S) ANTHONY BARRIOS 9898 HAMMOCKS BLVD APT: 102 MIAMI, FL 33196
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR