


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90010 044 ***150.00

DOCUMENT # P02000125168	
1. Entity Name BEAUTY DREAM, INC.	

Principal Place of Business 1249 NW 31ST AVENUE FORT LAUDERDALE, FL 33311	Mailing Address 1249 NW 31ST AVENUE FORT LAUDERDALE, FL 33311
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54054556

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05062004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 32-0043590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OSMAN, SALIH M 1249 NW 31ST AVENUE FORT LAUDERDALE, FL 33311	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *msalim* (NOTE: Registered Agent signature required when reinstating) DATE 5/6/04

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSMAN, SALIH M 1249 NW 31ST AVENUE FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSA, MUTASIM 1249 NW 31ST AVENUE FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *msalim* **05/06/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

MIAMI, 05/06/2004

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~~#~~ P0200125168

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TO WHOM IT MAY CONCERN:

SUBJECT: ANNUAL REPORT 2004
BEAUTY DREAM, INC

AS PER CONVERSATION ON MAY 03/2004 THAT WE DID NOT RECEIVE ANY CORRESPONDENCE TO SUBMIT OUR ANNUAL REPORT 2004, AND AS PER YOUR INSTRUCTIONS THAT WE HAD TO DOWNLOADED FROM THE INTERNET , ENCLOSED FIND OUR ANNUAL REPORT 2004 WITH OUR FEE OF \$150.00. AS DISCUSSED WE DID NOT RECEIVE ANY DOCUMENTATION AND YOUR DEPARTMENT WILL WAIVE THE PENALTY.

SORRY FOR ANY INCONVENINCE THIS WOULD HAVE CAUSED.

SICERELY YOURS _ . .

MATHEW M

DIRECTOR