

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000011936

1. Entity Name
BEAUTY MAX GROUP, INC.



**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90286 043 ***150.00

Principal Place of Business
1024 N MAIN STREET
GAINESVILLE, FL 32601

Mailing Address
1024 N MAIN STREET
GAINESVILLE, FL 32601



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 37-1459077	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARK, YOUNG H
1024 N MAIN STREET
GAINESVILLE, FL 32601

**DO NOT WRITE
IN THIS SPACE**

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, YOUNG P 1024 N MAIN STREET GAINESVILLE, FL 32601
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Young n Park*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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