


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90021 033 \*\*\*150.00

<b>DOCUMENT # P03000038706</b> 1. Entity Name <b>TARA BEAUTY, INC.</b>			
Principal Place of Business <b>9632 NW 7TH CIR # 714                  PLANTATION, FL 33324</b>		Mailing Address <b>11474 MANATEEBAY LAKE                  LAKE WORTH, FL 33467</b>	
2. Principal Place of Business <i>11474 Manatee Bay Lane</i>		3. Mailing Address <i>11474 Manatee Bay Lane</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Wellington FL</i>		City & State <i>Wellington FL</i>	
4. FEI Number <b>55-0826887</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33467</i>		Country	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHAHINE, ISSAM                  9632 NW 7TH CIR # 714                  PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>11474 Manatee Bay Lane</i>  City <i>Wellington</i> <b>FL</b> Zip Code <i>33467</i>	
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title (if applicable)</small>		DATE: <i>3/21/05</i>	
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>CHAHINE, ISSAM                  9632 NW 7TH CIR #714                  PLANTATION, FL 33324</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11474 Manatee Bay Lane                  Wellington FL 33467</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 <i>11474 Manatee Bay Lane -                  Wellington FL 33467</i>
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>3/21/05</i> Daytime Phone #: <i>15613172297</i>	