2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070712

City-St-Zip:

FILED Jan 25, 2004 Secretary of State

Entity Name: POSITIVE BEAUTY IMAGES MAGAZINE, INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
STE 311A	ALM AVENUE (E PINES, FL						
Current Mailing Address:			New Maili	New Mailing Address:			
STE 311A	ALM AVENUE (E PINES, FL						
FEI Number:	37-1469820	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status De	esired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1601 N. PA STE 311A	I-AUDAIN, DE ALM AVENUE (E PINES, FL						
	named entity of Florida.	submits this statement for the	e purpose of changing i	ts registered o	office or registered age	ent, or both,	
SIGNATUR							
Fl4: 0		nic Signature of Registered A	gent		Date		
Election Car	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	JOHNSON-AU 1601 N. PALM) Delete DAIN, DEBRA E AVENUE, STE 311A IINES, FL 33026	Title: Name: Address: City-St-Zip:	PRES (X JOHNSON-AUD 5274 NW 186 L MIAMI, FL 330	ANÉ		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () AUDAIN, COUR 5274 NW 186 L MIAMI, FL 330	ANE		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () JOHNSON, MAI 8000 HAMPTOI N. LAUDERDAL	N BLVD		
Title: Name: Address:	() Delete	Title: Name: Address:	TR () JOHNSON, SHI 20168 NW 38 F			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address: City-St-Zip:

MIAMI, FL 33055

SIGNATURE: DEBRA E. JOHNSON-AUDAIN **PRES** 01/25/2004