
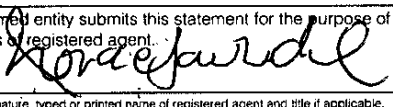
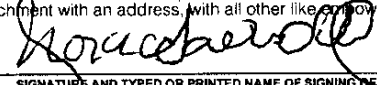


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90238 007 ***150.00

DOCUMENT # P03000071233 1. Entity Name ARTISTIC BEAUTY SUPPLY, CORP.					
Principal Place of Business 3806 SW 137 AVENUE MIAMI, FL 33175			Mailing Address 3806 SW 137 AVENUE MIAMI, FL 33175		
2. Principal Place of Business 10640 NW 27 St Suite, Apt. #, etc. #101 City & State Miami FL Zip 33172 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 04-3765068				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04282006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SANUDO, NORÁ C 3806 SW 137 AVENUE MIAMI, FL 33175			7. Name and Address of New Registered Agent Name Sanudo, Nora C. --- Street Address (P.O. Box Number is Not Acceptable) 10640 NW 27 St. #101 City Miami State FL Zip Code 33172		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SANUDO, NORÁ C 3806 SW 137 AVENUE MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sanudo Nora C. <input type="checkbox"/> Change <input type="checkbox"/> Addition 10640 NW 27 St. #101 Miami, FL 33172	
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	
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	
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	
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	
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 exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-28-06 Daytime Phone #		