


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90024 006 \*\*\*100.00  
03-12-2004 90024 016 \*\*\*\*50.00

<b>DOCUMENT # P03000089713</b> 1. Entity Name <b>INTERNATIONAL BEAUTY SALON, INC.</b>					
Principal Place of Business <b>1960 LAKE WORTH ROAD LAKE WORTH FL 33460</b>			Mailing Address <b>1960 LAKE WORTH ROAD LAKE WORTH FL 33460</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>01-0797356</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>COGUA, NUBIA E 1960 LAKE WORTH ROAD LAKE WORTH FL 33460</b>				7. Name and Address of New Registered Agent Name <b>COGUA, NUBIA E</b> Street Address (P.O. Box Number is Not Acceptable) <b>1541 StoneHaven Dr. # 8</b> City <b>BOYNTON BEACH</b> FL <b>33436</b>	
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 <u><i>Yuan Cui</i></u> <b>NUBIA E COGUA, PRESIDENT</b> <b>2/12/04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COGUA, NUBIA E 1960 LAKE WORTH ROAD LAKE WORTH FL 33460		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COGUA, NUBIA E 1541 StoneHaven Dr. #8, BOYNTON BEACH FL 33436	
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	
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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: <u><i>Yuan Cui</i></u> <b>NUBIA E COGUA</b> <b>2/12/04</b> <b>(561) 586-9617</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					