

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146658

1. Entity Name  
BEAUTY ONE CORP.



Principal Place of Business  
555 NW 24TH ST.  
MIAMI, FL 33127

Mailing Address  
555 NW 24TH ST.  
MIAMI, FL 33127

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
42-1611997

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LEE, SEOK W  
555 NW 24TH ST  
MIAMI, FL 33127

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100001536242  
05/18/06-80088-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	LEE, SEOK W
STREET ADDRESS	555 NW 24TH ST.
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	VDS
NAME	LEE, SANG K
STREET ADDRESS	555 NW 24TH ST.
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	VP
NAME	KIM, TAE B
STREET ADDRESS	555 NW 24TH ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06