


FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90068 011 ***150.00

DOCUMENT # P04000072966			
1. Entity Name FOUNTAIN OF BEAUTY TAYLOR MADE, INC.		40034940	
Principal Place of Business 2524 N.W. 49TH TERRACE COCONUT CREEK, FL 33063		Mailing Address 2524 N.W. 49TH TERRACE COCONUT CREEK, FL 33063	
2. Principal Place of Business 2428 N. State Road 7		3. Mailing Address 1528 S. Dixie Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lauderdale Lakes, FL.		City & State Pompano Beach, FL.	
Zip 33311	Country USA	Zip 33311	Country USA
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		7. Name and Address of New Registered Agent Name Prince A. Donmahoe IV, Esq. Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road, #470 City Plantation FL Zip Code 33324	
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>Prince A. Donmahoe IV</i></u> DATE <u>2-2-05</u> <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, 2005 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 DOUZ, CARLINE 2524 N.W. 49TH TERRACE COCONUT CREEK, FL 33063 <input checked="" 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	T. O marc Labidou 1528 S. Dixie Highway Pompano Beach, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S. A Joseph Labidou 6740 NW 45th Court Lauderhill, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P. O. Cecil Bent 5204 NW 22nd street Lauderhill, FL 33313 <input type="checkbox"/> Change <input checked="" 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 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>Prince A. Donmahoe IV</i></u> DATE <u>2-2-05</u> 754-214-9101 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			