## ANNUAL REPORT DOCUMENT # P04000079151 1. Entity Name BEAUTY MARK INDUSTRIES INC. FILED Apr 23, 2007 0 Secretary of

1. Entity Name BEAUTY MARK INDUSTRIES INC.				Secretary
Principal Place of Business  317 PERUVIAN AVENUE #202 PALM BEACH, FL 33480  Mailing Address  317 PERUVIAN AVENUE #20 PALM BEACH, FL 33480		2	-	
DO NOT WRITE IN THIS SPACE				04162007 No Chg-P CR2E034 (11/05)  4. FEI Number
501 S FL/ SUITE 307	6. Name and Address of Curre H, HOWARD AGLER DRIVE 7 LM BEACH, FL 33401	nt Registered Agent		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 priviled rumme of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing  \$5.00 May Be				
After M	ay 1, 2007 Fee will be \$55	0.00 Trust Fund Contribution.  ND DIRECTORS	☐ Add	ded to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIOT, GEORGE POST OFFICE BOX 2401 PALM BEACH, FL 33480			000000720399 05/01/07-80127-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby c	certify that the information supplied v on this report or supplemental repo poration or the receiver or trustee e or on an attachment with an address	with this filing does not qualify for the extra signal true and accurate and that my signal provered to execute this report as required, with all other like empty leged.	emptions contained ture shall have the s red by Chapter 607	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE:  SIGNATURE AND TO ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Despure Phone #				