

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000086371

1. Entity Name
BEYOND BEAUTY WELLNESS CENTER, INC.



Principal Place of Business
**2151 E. COMMERCIAL BLVD.
SUITE 301
FORT LAUDERDALE, FL 33308**

Mailing Address
**2151 E. COMMERCIAL BLVD.
SUITE 301
FORT LAUDERDALE, FL 33308**

1000000489913
04/18/06-80032-018 150.00



DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1423337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN GENT, RON
2881 EAST OAKLAND PARK BLVD STE 212
FT LAUDERDALE, FL 33308**

**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**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**PRES
VAN GENT, AMY A
2151 E. COMMERCIAL BLVD., #301
FORT LAUDERDALE, FL 33308**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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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 changed, or on an attachment with an address, with a) other like empowered.

SIGNATURE:

Amy van Gent
Amy van Gent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/06 954 493 9494