


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000101465 1. Entity Name BEAUTY SUPPLY AND PARFUMES CORPORATION			FILED 05 DEC 20 PM 5: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 9959 NW 7 AVENUE MIAMI, FL 33150		Mailing Address 9959 NW 7 AVENUE MIAMI, FL 33150	
2. Principal Place of Business <i>9959 N.W. 7 AVE</i> Suite, Apt. #, etc.		3. Mailing Address <i>9959 NW 7 AVE</i> Suite, Apt. #, etc.	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>	
Zip <i>33150</i>		Zip <i>33150</i>	
Country <i>Dade</i>		Country <i>Dade</i>	
4. FEI Number <i>20-1351429</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH, ELISSA 9959 NW 7 AVENUE MIAMI, FL 33150		7. Name and Address of New Registered Agent Name <i>Elissa Joseph</i> Street Address (P.O. Box Number is Not Acceptable) <i>21 NW 68 St</i> City <i>Miami</i> FL Zip Code <i>33150</i>	
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <i>12-14-2005</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME JOSEPH, ELISSA STREET ADDRESS 21 NW 68 STREET CITY-ST-ZIP MIAMI, FL 33150	<i>President</i> <input type="checkbox"/> Delete	TITLE NAME 300062292953 STREET ADDRESS 12/20/05--01039--019 CITY-ST-ZIP **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>N/A</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>N/A</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>R. 2/20</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>N/A</i>	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 <i>N/A</i>	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)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, 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 information required.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>12-14-2005</i> Daytime Phone #: <i>786 262-1896</i>	