

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90031 038 ***150.00

DOCUMENT # *PO 4000101465*

1. Entity Name
Beauty Supply and Perfumes Co.



DO NOT WRITE IN THIS SPACE

V
40110463

CR2E034B (8/05)

2. Principal Place of Business
9959 N.W. 7 AVE
Suite, Apt. #, etc.

3. Mailing Address
9959 N.W. 7 AVE
Suite, Apt. #, etc.

City & State
Miami FL Dade
Zip
33150 Country

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Miami FL Dade
Zip
33150 Country

4. FEI Number
20-1351429

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name *Elissa Joseph*
Street Address (P.O. Box Number is Not Acceptable)
9959 N.W. 7 AVE
City *Miami* FL Zip Code *33150*

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 *Elissa Joseph* DATE *05-01-2007*

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25

Make Check Payable to Florida Department of State

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
TITLE	<i>President</i>	TITLE	<i>Elissa Joseph</i>	<i>Miami FL</i>	<i>33150</i>
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<i>N/A</i>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<i>N/A</i>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<i>N/A</i>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<i>N/A</i>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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 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, trustee, or assignee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 on this attachment with an address, without omission or error.

SIGNATURE: *[Signature]* DATE: *05-01-2007*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 751-8201
786 267-4296

FOX 205 751 8218