


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

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90004 034 ***227.00

DOCUMENT # *P04000101465*
1. Entity Name
Beauty Supply and Perfumes Co.



DO NOT WRITE IN THIS SPACE

40104317

CR2E034B (8/05)

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

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

City & State
Miami Fl Dade

City & State
Miami Fl Dade

Zip
33150 Country

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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7. Name and Address of Current Registered Agent

Name
Elissa Joseph

Street Address (P.O. Box Number is Not Acceptable)
21 N.W 68 Street

City
Miami Florida 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 *05-13-2008*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY - ST - ZIP
	<i>President Elissa Joseph</i>	<i>21 N.W 68 Street</i>	<i>Miami Fl 33150</i>				
	<i>N/A</i>						
	<i>N/A</i>						
	<i>N/A</i>						
	<i>N/A</i>						
	<i>N/A</i>						

**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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* DATE: *05-13-2008*

Signature, typed or printed name of signing officer or director

305 751-8201
786-262-4296

Date Daytime Phone