

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114249

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: GLAMOUR COSMETOLOGY SCHOOL, INC

**Current Principal Place of Business:**

8080 WEST SAMPLE RD  
MARGATE, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

8080 WEST SAMPLE RD  
MARGATE, FL 33065

**New Mailing Address:**

FEI Number: 20-1459267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEDRAZA, LADIMELBA  
3712 VICTORIA DR  
WEST PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PERNIA, ROSA  
Address: 12477 CLASSIC DR  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP ( ) Delete  
Name: PEDRAZA, LADIMELBA  
Address: 3712 VICTORIA DR  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA PERNIA

P

03/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date