2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90093 021 ***150.00

50011276

02012005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000122126

1. Entity Name
DEAD SEA BEAUTY, INC.

Principal Place of Business	Mailing Address
3401 EMERALD POINT DRIVE #204A HOLLYWOOD, FL 33021	3401 EMERALD POINT DRIVE #204A HOLLYWOOD, FL 33021

2. Principal Place of Business	3. Mailing Address
1201 S OCEAN DR	1201 S OCEAN Drive
Suite, Apt. #, etc.: # 2407-S	Suite, Apt. #, etc.: #2407-S
City & State: Hollywood FL	City & State: Hollywood FL
Zip: 33019 / Country:	Zip: 33019 / Country:

4. FEI Number: 20-1535235 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORGAD, YAEL 3401 EMERALD POINT DRIVE #204A HOLLYWOOD, FL 33021	Name: Street Address (P.O. Box Number is Not Acceptable): 1201 S. OCEAN Drive #2407-S City: Hollywood FL Zip Code: 33019

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: Yael Orgad — DATE: 2/1/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ORGAD, YAEL	NAME	
STREET ADDRESS	3401 EMERALD POINT DRIVE #204A	STREET ADDRESS	1201 S OCEAN DR #2407-S
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	Hollywood, FL 33019
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yael Orgad — Date: 2/1/05 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR