


FILED
May 11, 2005 8:00 am
Secretary of State

04-18-2005 90335 011 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000132940 1. Entity Name BEAUTY & FASHION CREATION, INC.			
Principal Place of Business 145 E FLAGLER ST 3 RD FL STE C-5 MIAMI, FL 33131		Mailing Address 145 E FLAGLER ST 3 RD FL STE C-5 MIAMI, FL 33131	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 145 E FLAGLER ST. 3RD FL. Suite, Apt. #, etc. SUITE C-10 City & State MIAMI, FL Zip Country 33131 USA	
4. FEI Number 20-1708920		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORYDUSSEF, SIMON 145 E FLAGLER ST 3 RD FL STE C-5 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-appointing) <small>Signature, typed or printed name of registered agent and title if applicable DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MDRYOUSSEF, SIMON 145 E FLAGLER ST 3 RD FL STE C-5 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 employment.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/13/05 305 379 6445 <small>Date Daytime Phone #</small>	

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