


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90204 004 ***150.00

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-10 MIAMI, FL 33131
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2. Principal Place of Business <i>145 E, Flagler St.</i>	3. Mailing Address
Suite, Apt. #, etc. <i>3rd Floor Suite c-10</i>	Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State <i>Miami FL.</i>	City & State
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4. FEI Number 20-1708920	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>33131</i>	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <i>Simon Morydussef</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>145 E. Flagler St. 3rd Fl C-10</i>	
City <i>Miami</i>	FL Zip Code <i>33131</i>

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MDRYOUSSEF, SIMON 145 E FLAGLER ST 3 RD FL STE C-5 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 