2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ப்OCUMENT # P04000134417

1. Entity Namo

BEAUTY TO GO OF JACKSONVILLE, INC



FILED Apr 26, 2007 08:00 All Secretary of State

Principal Place	e of Business	Mailing Address								
2631 JAMMES RD.		2631 JAMMES RD.						81851 115 11 1		
B JACKSONVILLE FL 32210		B JACKSONVILLE FL 32210								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suito, Apt.	#, ctc	Suite, Apt. #, etc			15	1st MOORE CR2E034 (10/06)				
City & State		City & Stato			4. FEI Numb	oer 20-168628	35		pplied For ot Applicable	
Zip	Country	Zip	Country	/	5. Certificate	e of Status Desired		8.75 Addee Require		
	6. Name and Address of Current			7. Name an	d Address of New	Registered Ag	ent			
SONG, JUN H				Name						
800	WAKEMONT DR. NGE PARK FL 32065			Street Address (P.O. Box Number is Not Acceptable)						
J. 1.	1102 17 11 11 11 2 0 2 0 0 0			·						
				City		FL Z _{IP} Code				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent										
SIGNATURE										
	Signature, typed or printed name of registered agent	and title r applicable. (NOT	E: Registared A	lgent signature re	equired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
Make Check Payable to Florida Department of State							ntribution.	J Add₁	ed to Fees	
10.	OFFICERS AND DIRECTORS				ADDITIONS	CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11	
ши	P SONG, JUN H	☐ Delete	THE.					Change	Addition	
NAMI SIDLLI ADDRESS	800 WAKEMONT DR.	•	NAMI	ADDRESS						
CITY-S1-7IP	OBANOE BADICEL BOOK		CITY-S	I .		70000000 1-70000000000000000000000000000	34611	150	nn	
Mu.		Delete	mu			- US/US/U/=0		Change	Addition	
nami:			NAMI'							
STREET ADORESS CHY+ST-7IP			STREET ADDRESS CHY+SI-7IP							
Ime;			UIU		·			Change	Addition	
NAMI		L Deleie	NAMI				-			
STREET ADORESS				ADDRESS						
CITY-SI-7IP	CII		CITY-S	1- 7IP						
TITLE.	•	☐ Delete	IIILE					Change	Addition	
NAME STREET ADDRESS			NAME SIDILI	ADDNESS						
CHY-SI-70P			CHY-S							
TITL		☐ Delete	um					Change	Addition	
NAME'			NAMI							
STREET ADDRESS CITY-ST-7IP			STREET CHY-SI	ADDRESS I-7IP						
TITLE	·	☐ Delete	TITLE				[Change	Addition	
NAME SIDECT ADODESS			NAME	Anivotee						
SIDEET ADORESS CHY+SI+700			CHY-SI	ADDRESS I-ZIP						
12. I hereby d	certily that the information supplied wi	th this filing does not qualify t	for the exer	mplions con	tained in Section 1	19, Florida Statutos	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 logal effect as if made under eath, 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.										