## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000141681

1. Entity Name
ME 2 BEAUTY, INC.



Principal Place of Business

131 E. PALMETTO PARK RD., STE. D BOCA RATON, FL 33432 Mailing Address

131 E. PALMETTO PARK RD., STE. D BOCA RATON, FL 33432

## FILED Apr 25, 2007 08:00 AM Secretary of State



CR2E034 (11/05)

## DO NOT WRITE IN THIS SPACE

51172007 110 511g 1	0.122007 (7.1100)		
4. FEI Number		Applied For	
20-1749359		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MORENO, ILEANA 131 E. PALMETTO PARK RD., STE. D BOCA RATON, FL 33432

## DO NOT WRITE IN THIS SPACE

01172007

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  Synature types of printed name of legistered agent and late if spokespoe (NDTE Registered Agent supresure required when renating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  DEFINITION  MORENO, ILEANA  311 E. PALMETTO PARK RD., STE. D  BOCA RATON, FL 33432  TITLE  NAME  SIREE ADDRESS  CITY-SI-ZIP  TO NOT WRITE  IN THIS SPACE  IN THIS SPACE  SIREE ADDRESS  CITY-SI-ZIP  SIREE ADDRESS  SIR								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TILLE MORENO, ILEANA SIRET ADDRESS CITY-SI-72P  TILLE SIRET ADDRESS SIRET ADRESS SIRET ADDRESS	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.							
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11ILE PD MAME MORENO, ILEANA STREET ADDRESS CITY-SI-ZIP BOCA RATON, FL 33432  131 E. PALMETTO PARK RD., STE. D BOCA RATON, FL 33432  171LE NAME STREET ADDRESS CITY-SI-ZIP DO NOT WRITE IN THIS SPACE  171LE NAME STREET ADDRESS CITY-SI-ZIP TITLE  171LE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	SIGNATURE.		applicable (NOTE Registere	ed Agent signature	required when reinstating)	DATE		
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NAME STRIET ADDRESS	NAME STREET ADDRESS			-	IN <sup>-</sup>	THIS SPACE		
CITY- ST-ZIP	NAME STREET ADDRESS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADORESS							

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 tike empowered.

SIGNATURE.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

april 19, 2007