

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172098

Entity Name: SENSE OF BEAUTY, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

209 W. STATE ROAD 434
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1151 POST LAKE PLACE
APT # 215
APOPKA, FL 32703

New Mailing Address:

209 W STATE ROAD 434
LONGWOOD, FL 32750

FEI Number: 32-0140069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, JIMENEZ P.A.
9753 S. ORANGE BLOSSOM TRAIL SUITE 101
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEL ROSARIO, SANDRA M
Address: 1151 POST LAKE PLACE APT. 215
City-St-Zip: APOPKA, FL 32703

Title: DT () Delete
Name: PEREZ, CAROLINA
Address: 1151 POST LAKE PLACE APT. 215
City-St-Zip: APOPKA, FL 32703

Title: DS () Delete
Name: MARTINEZ, JUANA
Address: 1151 POST LAKE PLACE APT. 215
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: PEREZ, MARIO A
Address: 1151 POST LAKE PLACE APT. 215
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: DEL ROSARIO, THEODORO
Address: 1151 POST LAKE PLACE APT. 215
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: PEREZ, MARIO A
Address: 1151 POST LAKE PLACE APT. 215
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO A. PEREZ

VP

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date