2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015358

Entity Name: BEAUTY DOCTA INC.

Current Principal Place of Business:

FILED Apr 01, 2008 Secretary of State

1111 S.W. 88 WAY
PEMBROKE PINES, FL 33025

Current Mailing Address:

New Mailing Address:

1111 S.W. 88 WAY
PEMBROKE PINES, FL 33025

FEI Number:

FEI Number Applied For ()
FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

New Principal Place of Business:

WILLIAMS, FERN ANN 1111 SW 88 WAY PEMBROKE PINES, FL 33025 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 WILLIAMS, FERN ANN
 Name:
 CLEMENTE, GEANNE

 Address:
 12033 SW 14TH ST
 Address:
 20401 NW 2 AVE, SUITE100

 Address:
 12033 SW 14TH ST
 Address:
 20401 NW 2 AVE, SUITE100

 City-St-Zip:
 PEMBROKE PINES, FL 33025
 City-St-Zip:
 MIAMI, FL 33169

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 WILLIAMS, MICHAEL
 Name:
 WILLIAMS, FERN

 Address:
 12033 SW 14TH ST
 Address:
 1111 SW 88 WAY

 City-St-Zip:
 PEMBROKE PINES,, FL 33025
 City-St-Zip:
 PEMBROKE PINES,, FL 33025

Title: S (X) Delete Title: () Change () Addition

 Name:
 KELLIER, ALANA
 Name:

 Address:
 12033 SW 14TH ST
 Address:

 City-St-Zip:
 PEMBROKE PINES,, FL 33025
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FERNWILLIAMS VP 04/01/2008