


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90061 024 ***150.00

DOCUMENT # P05000107757		
1. Entity Name BEYOND HAIR BEAUTY SALON CORP.		

Principal Place of Business 8850 WEST FLAGLER ST 2 MIAMI, FL 33174 US	Mailing Address 8850 WEST FLAGLER ST 2 MIAMI, FL 33174 US
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2. Principal Place of Business 8300 West Flagler St		1.3 Mailing Address	
Suite, Apt. #, etc. Ste 140		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33144	Country US	Zip	Country



01042006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3263755	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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	
RAMIREZ, GLADYS 8850 WEST FLAGLER ST 2 MIAMI, FL FL	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Gladys Ramirez <small>Signature, typed or printed name of registered agent and title if applicable</small>	GLADYS RAMIREZ <small>(NOTE: Registered Agent signature required when reinstating)</small>
	02/27/06 <small>DATE</small>

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, GLADYS 8850 WEST FLAGLER ST #2 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTANA, ESPERANZA 8850 WEST FLAGLER ST #2 MIAMI, FL 33174 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Gladys Ramirez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	GLADYS RAMIREZ <small>Date</small>
	02/27/06 <small>Daytime Phone #</small>
	305-783-1809