

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157352

**FILED**  
**Mar 10, 2006**  
**Secretary of State**

**Entity Name:** FACES AND BEYOND, INC.

**Current Principal Place of Business:**

200 SE 6TH ST., STE. 604  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

2306 E. ATLANTIC BLVD  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

200 SE 6TH ST., STE. 604  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

2306 E. ATLANTIC BLVD  
POMPANO BEACH, FL 33062

**FEI Number:** 20-3885810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAMER, KENNETH ESQ.  
200 SE 6TH ST., STE. 604  
FT. LAUDERDALE, FL 33301 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: D ( ) Delete  
Name: SHAPIRO, ANN  
Address: 5050 SW 10TH CT.  
City-St-Zip: MARGATE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** ANN SHAPIRO

D

03/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date