

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000164527</b>					
<b>1. Entity Name</b> HIGH CLASS BEAUTY PRODUCTS BY CANDY INC					
<b>Principal Place of Business</b> 1565 SAN RAFAEL AVE. CORAL GABLES, FL 33142-6241			<b>Mailing Address</b> 1565 SAN RAFAEL AVE. CORAL GABLES, FL 33142-6241		
<b>2. Principal Place of Business - No P.O. Box #</b> 3958 SW 62nd Ave		<b>3. Mailing Address</b> Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami Fla.		<b>City &amp; State</b>		<b>4. FEI Number</b> 27-0136195	
<b>Zip</b> 33155		<b>Country</b> US		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04262007 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> VALDES, CANDY 1565 SAN RAFAEL AVE. CORAL GABLES, FL 33142-6241			<b>7. Name and Address of New Registered Agent</b> Name: CANDY VALDES Street Address (P.O. Box Number is Not Acceptable): 3958 SW 62 Ave City: Miami FL Zip Code: 33165		
<b>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.</b> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> VALDES, CANDY		<b>TITLE</b> change Address only	<b>NAME</b> 3958 SW 62 AVE	
<b>STREET ADDRESS</b> 1565 SAN RAFAEL AVE.	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 331426241		<b>STREET ADDRESS</b> MIAMI, FL	<b>CITY-ST-ZIP</b> 33165	
<b>TITLE</b> STD	<b>NAME</b> ALVAREZ, MARLEN		<b>TITLE</b> change Address only	<b>NAME</b> 3958 SW 62 AVE	
<b>STREET ADDRESS</b> 1565 SAN RAFAEL AVE.	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 331426241		<b>STREET ADDRESS</b> MIAMI, FL	<b>CITY-ST-ZIP</b> 33155	
<b>TITLE</b> VP	<b>NAME</b> VALDES, ORLANDO		<b>TITLE</b> change Address only	<b>NAME</b> 3958 SW 62 AVE	
<b>STREET ADDRESS</b> 1565 SAN RAFAEL AVE.	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 331426241		<b>STREET ADDRESS</b> MIAMI, FL	<b>CITY-ST-ZIP</b> 33155	
<b>TITLE</b> (blank)	<b>NAME</b> (blank)		<b>TITLE</b> (blank)	<b>NAME</b> (blank)	
<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)		<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)	
<b>TITLE</b> (blank)	<b>NAME</b> (blank)		<b>TITLE</b> (blank)	<b>NAME</b> (blank)	
<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)		<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)	
<b>TITLE</b> (blank)	<b>NAME</b> (blank)		<b>TITLE</b> (blank)	<b>NAME</b> (blank)	
<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)		<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)	
<b>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.</b>					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					