

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092584

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: BEAUTY MAX INTERNATIONAL SUPPLY, INC.

## Current Principal Place of Business:

3949 EVANS AVE. #403  
FT. MYERS, FL 33901

## New Principal Place of Business:

2211 WILSON BLVD NORTH  
NAPLES, FL 34120

## Current Mailing Address:

3949 EVANS AVE. #403  
FT. MYERS, FL 33901

## New Mailing Address:

2211 WILSON BLVD NORTH  
NAPLES, FL 34120

FEI Number: 20-5247870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAPPE, GISELA  
3949 EVANS AVE. #403  
FT. MYERS, FL 33901 US

## Name and Address of New Registered Agent:

ALSINA, CESAR  
8951 BONITA BEACH ROAD  
401  
BONITA SPRINGS, FL 34135 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: CESAR ALSINA

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PAPPE, GISELA  
Address: 3949 EVANS AVE. #403  
City-St-Zip: FT. MYERS, FL 33901

Title: D ( ) Delete  
Name: ABDELNOUR, GUSTABVO  
Address: 3949 EVANS AVE. #403  
City-St-Zip: FT. MYERS, FL 33901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PAPPE, GISELA C  
Address: 2211 WILSON BLVD NORTH  
City-St-Zip: NAPLES, FL 34120

Title: D (X) Change ( ) Addition  
Name: ABDELNOUR, GUSTAVO  
Address: 2211 WILSON BLVD NORTH  
City-St-Zip: NAPLES, FL 34120

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: GISELA C. PAPPE

D

04/11/2007

Electronic Signature of Signing Officer or Director

Date