

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P06000108623

1. Entity Name *Beautify Yourself corp.*



FILED

07 MAY -1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1903 W. Pensacola St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Tallahassee FL.

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32304

Country

Leon

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Shalita Kirksey*

Street Address (P.O. Box Number is Not Acceptable)

1903 W. Pensacola St.

City *Tallahassee*

FL

Zip Code *32304*

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME *Shalita Kirksey*
STREET ADDRESS *1903 W. Pensacola St.*
CITY-ST-ZIP *Tallahassee FL. 32304*

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shalita Kirksey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

Date

Daytime Phone #