

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150905

Entity Name: TAKWA BEAUTY, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

231 NE 211 STREET
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

231 NE 211 STREET
MIAMI, FL 33179

New Mailing Address:

FEI Number: 06-1802751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAHMAN, MOHAMMAD A
231 NE 211 STREET
MIAMI, FL 33179 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: S () Delete
Name: RAHMAN, MOHAMMAD A
Address: 231 NE 211 STREET
City-St-Zip: MIAMI, FL 33179

Title: P () Delete
Name: MORSHED, MOHAMMAD M
Address: 5002 S. HARBOR ISLES DR
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VP () Delete
Name: UDDIN, CHOROAR
Address: 1595 NE 135 STREET APT #405
City-St-Zip: MIAMI, FL 33161

Title: T () Delete
Name: MOSTAFA, GOLAM
Address: 1595 NE 135 STREET APT #405
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MOHAMMAD M MORSHED

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date