2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022268

TAYLOR, KELVIN

3509 NASSAU DR

MIRAMAR, FL 33023

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: GARDEN OF BEAUTY, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
3509 NASS MIRAMAR,						
Current Mailing Address:			New Mailing Address:			
3509 NASS MIRAMAR,						
FEI Number:	20-8486087	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1630 NW 2	(, DELORES Y 26TH TERR RDALE, FL 33	311 US	4407 SW 2	MINNIS, JANICE C 4407 SW 28 STREET WEST PARK, FL 33023 US		
The above in the State	named entity s of Florida.	ubmits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATURE: JCMINNIS				04/30/2008		
	Electroni	c Signature of Registered Age	nt		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () TAYLOR, ALFRE 3509 NASSAU D MIRAMAR, FL 3	R	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	V () TAYLOR, MARY 3509 NASSAU D MIRAMAR, FL 3		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	S () MINNIS, JANICE 4407 SW 28TH 3 MIRAMAR, FL 3	STREET	Title: Name: Address: City-St-Zip:	S (2 MINNIS, JANIO 4407 SW 28T WEST PARK,	H STREET	
Title:	T ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JCMINNIS S 04/30/2008