

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90042 024 \*\*\*150.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # P07000088705</b><br>1. Entity Name<br><b>BEAUTY DIALOG CO</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>5218 TAFT ST.<br/>HOLLYWOOD, FL 33021</b>  |   |  |  | Mailing Address<br><b>5218 TAFT ST.<br/>HOLLYWOOD, FL 33021</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2850 Stirling Rd</b><br>Suite, Apt. #, etc.<br><b>G &amp; F</b>   |   | 3. Mailing Address<br><b>2850 Stirling Rd</b><br>Suite, Apt. #, etc.<br><b>G &amp; F</b> |  |    |  |
| City & State<br><b>Hollywood, FL 33020</b><br>Zip<br><b>33020</b>  |   | City & State<br><b>Hollywood, FL</b><br>Zip<br><b>33020</b>                              |  | 4. FEI Number<br><b>26-0669739</b>   |  |
| Country<br><b>USA</b>  |   | Country<br><b>USA</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |   |  |  | 6. Name and Address of Current Registered Agent<br><b>PHUNG, GIANG</b><br><b>5218 TAFT ST.</b><br><b>HOLLYWOOD, FL 33021</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code  |   |  |  | 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.<br>SIGNATURE <u>Shen Deng</u> <u>Phung Giang</u> <u>3/17/08</u><br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |   |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>DENG, SHI Y</b><br><b>9441 EVERGREEN PL, APT. 107</b><br><b>FT. LAUDERDALE, FL 33324</b> | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br><b>PHUNG, GIANG</b><br><b>5218 TAFT STREET</b><br><b>HOLLYWOOD, FL 33021</b>                | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  |  |  |
| 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>SIGNATURE:</b> <u>Shen Deng</u> <u>Phung Giang</u> <u>VP</u> <u>03-17-08</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |  |  |