2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102439

Entity Name: BEAUTY ART, CORP.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

111 NORTH EAST 2ND AVENUE 9591 FONTAINEBLEAU BLVD

APT. 1406 APT. 305 MIAMI, FL 33132 APT. 305 MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

111 NORTH EAST 2ND AVENUE 9591 FONTAINEBLEAU BLVD

APT. 1406 APT. 305

MIAMI, FL 33132 MIAMI, FL 33172

FEI Number: 20-1075513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMIREZ, RAFAEL M
111 NORTH EAST 2ND AVENUE
9591 FONTAINEBLEAU BLVD

APT 1406 APT 305 MIAMI, FL 33132 US MIAMI, FL 33172 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: RAFAEL M RAMIREZ 05/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

AFFIAFRA AND DIDECTORS

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: RAMIREZ, RAFAEL M Name: RAMIREZ, RAFAEL M Address: 111 NORTH EAST 2ND AVENUE APT 1406 Address: 9591 FONTAINEBLEAU BLVD APT 305

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33172

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Name: BERMUDEZ, MARIA A Name: BERMUDEZ, MARIA A

Address: 111 NORTH EAST 2ND AVENUE APT 1406 Address: 9591 FONTAINEBLEAU BLVD 305

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33172

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: RAFAEL M RAMIREZ P 05/01/2008