

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101370

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** BEAUTY CONSULTANTS GROUP INC

**Current Principal Place of Business:**

9110 SOUTHWEST 49TH STREET  
COOPER CITY, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

9110 SOUTHWEST 49TH STREET  
COOPER CITY, FL 33328 US

**New Mailing Address:**

FEI Number: 26-3730949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALBA, LEOCADIO SR.  
9110 SOUTHWEST 49TH STREET  
COOPER CITY, FL 33328 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: ALBA, LEOCADIO SR.  
Address: 9110 SOUTHWEST 49TH STREET  
City-St-Zip: COOPER CITY, FL 33328 US

I hereby 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 all other like empowered.

SIGNATURE: LEO ALBA SR

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR

05/01/2010

\_\_\_\_\_ Date