


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000031744</b> 1. Entity Name <b>RENAN BEAUTY PRODUCTS, INC.</b>	
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Principal Place of Business  
**155 MIRACLE MILE  
CORAL GABLES, FL 33134**

Mailing Address  
**155 MIRACLE MILE  
CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0408025</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**WIENER, MARVIN I  
2121 PONCE DE LEON BLVD  
SUITE 1040  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000465310  
03/22/06-80054-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFONSO, JORGE A 414 ALCAZAR CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, RENAN C. 414 ALCAZAR CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVERA, ARTURO 520 JERONIMO DR CORAL GABLES, FL 33146
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: 

**Jorge Alfonso**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-10-06**

**(305)442-8136**