


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90010 047 ***150.00

DOCUMENT # P93000043307 1. Entity Name STEINER BEAUTY PRODUCTS, INC.	
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Principal Place of Business 5600 NW 12TH AVE SUITE 303 FORT LAUDERDALE, FL 33309	Mailing Address 770 S DIXIE HWY STE 200 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0423915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, GLADYS
770 S DIXIE HWY
SUITE 200
CORAL GABLES, FL 33146

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLUXMAN, LEONARD 770 S DIXIE HWY STE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUSFIELD, GLENN 770 SOUTH DIXIE HWY., STE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BOEHM, ROBERT C 770 S DIXIE HWY, STE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZAR, ROBERT 770 S DIXIE HWY, STE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZARUS, STEPHEN 770 S DIXIE HWY, STE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert C. Boehm, VS 3/21/05 305-358-9002 Ext. 288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone