

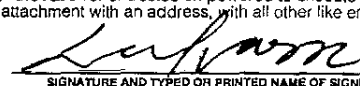


**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P95000021760</b>		
1. Entity Name <b>BEAUTY DEPOT, INC.</b>		
Principal Place of Business <b>1020 8 EDGEWOOD AVE NORTH JACKSONVILLE, FL 32205</b>		Mailing Address <b>1020 8 EDGEWOOD AVE NORTH JACKSONVILLE, FL 32205 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03222005 No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-3301352</b>		Applied For <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		
<b>SONG, CHAE M 1020-8 EDGEWOOD AVENUE N JACKSONVILLE, FL 32254</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SONG, CHAE M 1020 18 EDGEWOOD AE N JACKSONVILLE, FL 32205	<b>DO NOT WRITE IN THIS SPACE</b>  1100000277008 03/26/05-80012-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIM, HYUN H 1020 18 EDGEWOOD AVE N JACKSONVILLE, FL 32205	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>3/22/05</b> Daytime Phone #: <b>(904)695-2630</b>