2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P96000002739

:1: Entity Name



FILED May 01, 2006 8:00 am Secretary of State

Finding Piece of Business 4 AGR N, NABRASKA AVE. TAMPA, R. 1 33033 Suite, April - etc. Suite, April - etc. Suite, April - etc. Suite, April - etc. City & State City	CNC FASHION & BEAUTY SUPPLY, INC.								05-01-2006 9	90420 033	***150.0	0	
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Cry & State Country Country Country Country State	2. Principal Place of Business			3. Mailing Address									
Signature Sign	Suite, Apt. #, etc.			Suite, Apt. #, etc.				04212006	Chg-P	CR2E0	34 (11/05)		
S. Certification of Statute Desired Fee Required Fee Require	City & State			City & State				l					
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip Country				5. Certificate	of Status Desired				
Add N. NABRASKA AVE. T-RAMPA, FL 33603 8. The above named entity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of registered agent, or both, in the State of Floria. I am familiar with and accept the obligations of regi		6. Name and Address of Curr	ent Regis	tered Agent		News		7. Name and	Address of New	Registered A	gent		
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	L CHIN SIK					Name							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Title	4408 N. NABRASKA AVE.						Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	: *1 					City				FI	Zip Cod	e	
THE DOUBLE Signature, typed or printed registered agent and talk of accidables. (NOTE Registered Agent septature societed when remissioning) PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME YU, CHUN SIK 4408 N, NABRASKA AVE. CITY-ST-2P TOTAL Delete TITLE NAME STREET ADDRESS CITY-ST-2P TOTAL NAME NAME STREET ADDRESS CITY-ST-2P T	9. The shows	and active submits this statemen	d office or re	naistan	ad agent or be	th in the State of 6		amiliar with	and accept				
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		certify that the information supplied	with this f	fline does not qualify for			ntainen	t in Chanter 11	9. Florida Statutes	. I further cert	ify that the i	nformation	

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 orath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #