2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # P96000002739** 04-21-2008 90064 019 ***150.00 1. Entity Name CNC FASHION & BEAUTY SUPPLY, INC. 40074140 Principal Place of Business Mailing Address 4408 N. NABRASKA AVE. 4408 N. NABRASKA AVE. **TAMPA, FL 33603** TAMPA, FL 33603 CR2E034 (11/05) 04172008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3354353 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YU. CHUN SIK DO NOT WRITE 4408 N. NABRASKA AVE. TAMPA, FL 33603 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE YU, CHUN SIK NAME STREET ADDRESS 4408 N. NABRASKA AVE. CITY-ST-ZIP TAMPA, FL 33603 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 ar

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED