


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90054 050 ***150.00

DOCUMENT # P96000008037	
1. Entity Name BEAUTY CONCEPTS, INC.	

Principal Place of Business 2551 N ATLANTIC AVE DAYTONA BEACH, FL 32118 US	Mailing Address 219 S. OLEANDER AVE DAYTONA BEACH, FL 32118 US
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50004951

2. Principal Place of Business 1510 NEEDLE PALM DR	3. Mailing Address 1510 NEEDLE PALM DR
Suite, Apt. #, etc. DR	Suite, Apt. #, etc. EDGWATER FL

City & State EDWATER FL	City & State 32132 FL
Zip 32132	Country



01192005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3354269	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAUGHN, KIM L 2551 N ATLANTIC AVE DAYTONA BEACH, FL 32118	
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7. Name and Address of New Registered Agent Name MUNOZ, LESLY KIM Street Address (P.O. Box Number is Not Acceptable) 1510 NEEDLE PALM DR City EDGEWATER FL Zip Code 32132	
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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 Lesly MUNOZ DATE 1/17/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAUGHN, LY KIM		NAME MUNOZ, LESLY KIM	
STREET ADDRESS 2551 N ATLANTIC AVE		STREET ADDRESS 1510 NEEDLE PALM DR	
CITY-ST-ZIP DAYTONA BEACH, FL 32118		CITY-ST-ZIP EDGEWATER FL 32132	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAUGHN, LEIGH		NAME VAUGHN, LEIGH KIM	
STREET ADDRESS 5712 RENEE COURT		STREET ADDRESS 5712 RENEE COURT	
CITY-ST-ZIP LILBURN, GA 30047		CITY-ST-ZIP LILBURN GA 30047	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME APPENZELLER, RIMLY		NAME S APPENZELLER, KIM LY	
STREET ADDRESS 47 SWRT WATER CIR		STREET ADDRESS 47 SWEETWATER CIRCLE	
CITY-ST-ZIP OVEDO, FL 23765		CITY-ST-ZIP OVEIDO, FL 23765	
TITLE T	<input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERDINAND MUNOZ		NAME 1510 NEEDLE PALM DR	
STREET ADDRESS EDGEWATER, FL 32132		STREET ADDRESS EDGEWATER, FL 32132	
CITY-ST-ZIP EDGEWATER, FL 32132		CITY-ST-ZIP EDGEWATER, FL 32132	
TITLE T	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERDINAND MUNOZ		NAME 1510 NEEDLE PALM DR	
STREET ADDRESS EDGEWATER, FL 32132		STREET ADDRESS EDGEWATER, FL 32132	
CITY-ST-ZIP EDGEWATER, FL 32132		CITY-ST-ZIP EDGEWATER, FL 32132	

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: Lesly MUNOZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/17/2005 Daytime Phone # 386-423-1225

150⁰⁰ pd check # 1132