

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000037005



1. Entity Name  
BEAUTY MAX CORP.

Principal Place of Business  
3782 WEST OAKLAND PARK BLVD.  
LAUDERDALE LAKES, FL 33311

Mailing Address  
3782 WEST OAKLAND PARK BLVD.  
LAUDERDALE LAKES, FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PARK, JASON  
3782 WEST OAKLAND PARK BLVD.  
LAUDERDALE LAKES, FL 33311

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: *Jason Lee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: *1/26/04*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  
NAME: PARK, JEONG W  
STREET ADDRESS: 3782 W OAKLAND PARK BLVD  
CITY-ST-ZIP: LAUDERDALE LAKES, FL 33311

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE: STD  
NAME: PARK, WOL S  
STREET ADDRESS: 3782 W OAKLAND PARK BLVD  
CITY-ST-ZIP: LAUDERDALE LAKES, FL 33311

Delete

TITLE

NAME

STREET ADDRESS

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Change

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Addition

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: *Jason Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Feb 17, 2004 8:00 am  
Secretary of State**

02-17-2004 90023 043 \*\*\*150.00

**94016908**



01262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0681322**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

6. Name and Address of New Registered Agent

Name: **LEE, KYU NAE**  
Street Address (P.O. Box Number is Not Acceptable)  
City: **FL** Zip Code: **FL**

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SIGNATURE: *Jason Lee*

(NOTE: Registered Agent signature required when reinstating)

DATE: *1/26/04*

*1/26/04*

Date

Daytime Phone #