## 2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 02, 2008 08:00 AN Secretary of State **DOCUMENT # P96000037005** 1. Entity Name BEAUTY MAX CORP. Mailing Address Principal Place of Business 3782 WEST OAKLAND PARK BLVD. 3782 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33311 LAUDERDALE LAKES, FL 33311 No Chg-P CR2E034 (11/05) 04302008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0681322 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEE, KYU NAE 3782 WEST OAKLAND PARK BLVD. IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000944294 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LEE, KYU NAE NAME STREET ADDRESS 3782 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311 CITY-ST-ZIP TITLE NAME LEE, JONG KAP 3782 W OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAMÉ STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR