

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90197 009 ***150.00

DOCUMENT # P96000063659

1. Entity Name
INTERNATIONAL BEAUTY EXCHANGE, INC.



Principal Place of Business

**1592 N.W. 159TH STREET
MIAMI, FL 33169**

Mailing Address

**1592 N.W. 159TH STREET
MIAMI, FL 33169**

DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0685270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOROWITZ, SYMGHA
1592 NW 159 ST
MIAMI, FL 33169**

**DO NOT WRITE
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 translating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOROWITZ, SYMGHA
1592 N.W. 159TH STREET
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP,S
Sarah Rausnitz
1592 NW 159 St
Miami, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYMGHA HOROWITZ

4/30/2006

Date

Daytime Phone #

305-621-6555