


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

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



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0685270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000291351 04/23/08-80021-019 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE PD	HOROWITZ, SYMGHA 1592 N.W. 159TH STREET MIAMI, FL 33169
TITLE VP	RAUSNITZ, SARAH 1592 NW 159TH ST MIAMI, FL 33169
TITLE S	SHNAY, GABRIELA 1592 NW 159 ST MIAMI, FL 33169
TITLE NAME	
TITLE NAME	
TITLE NAME	

**DO NOT WRITE
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: SYMGHA HOROWITZ 04/10/2008 305-621-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #