

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000077267

1. Entity Name
BEAUTY MARKS, INC.



**FILED
Jul 22, 2005 8:00 am
Secretary of State**

07-22-2005 90020 044 ***150.00

Principal Place of Business
411 CLEVELAND STREET
#273
CLEARWATER, FL 33755

Mailing Address
411 CLEVELAND ST.
#273
CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

50057007

07192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3400219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GAILZAID, VICKI
100 PIERCE STREET
#1105
CLEARWATER, FL 33756

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME GAILZAID, VICKI
STREET ADDRESS 100 PIERCE STREET
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE V
NAME BENTHIEN, SIMONE
STREET ADDRESS 100 PIERCE STREET
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Vicki Gailzaid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/05 (727) 447-3543
Date Daytime Phone #