2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED nr 21 2005 08:00 AM

	ANNOALI	LI UKI	<u>- '*</u>		Apr 2	1, 2003	UO:UU A
1. Entity Nam	MENT # P9700001740 TOUCH BEAUTY CENTER, IN	•			Sec	cretary	of State
Principal Plac 12576 SW 8 MIAMI, FL 3	8 STREET	ailing Address 2576 SW 88 STREET AIAMI, FL 33186	·×	 	. • 1855 1885 1886 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867	Ill which fible exact kind	6 BENY 1914BB H 1781
DO NOT WRITE IN THIS SPACE				02162005 No Chg-P CR2E034 (10/03) 4. FEI Number			
	Name and Address of Current Regis	tered Agent				, , , , , , , , , , , , , , , , , , ,	
SMITH, KA 11539 SW MIAMI, FL	90 STREET				NOT W		; ;
the obligat	named entity submits this statement for the plans of registered agent. Signature, typed of printed name of registered agent and title	· · · · · · · · · · · · · · · · · · ·	ed office or register Agent signature required		th, in the State of Fi	orida. I am tamilia	ar with, and accept
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5. Trust Fund Contribution.				00 May Be ed to Fees			
10.	OFFICERS AND DIREC	TORS			\$ 54 · ·		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P SMITH-TINGLING, KAY M 11539 SW 90 ST MIAMI, FL 33176		· ·· ·		Hüünaas)~1 ~~~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U000003 04/21/05-8	0172-016	150.Og
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Sayara .	: u	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-5T-ZIP							
TITLE							

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

> SMITH-TINGLING, KAY M, PRESIDENT AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR