## 2007 FOR PROFIT. CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

## Apr 23, 2007 08:00 All Secretary of State **DOCUMENT # P97000017409** 1. Entity Name GOLDEN TOUCH BEAUTY CENTER, INC. Principal Place of Business Mailing Address 12576 SW 88 STREET 12576 SW 88 STREET MIAMI, FL 33186 MIAMI, FL 33186 gradient graden a CR2E034 (11/05) 01132007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0731821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent man for first to the state of the state of the second SMITH, KAY M T DO NOT WRITE 11539 SW 90 STREET MIAMI, FL 33176 IN THIS SPACE The later the two many the first the property 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 reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SMITH-TINGLING, KAY M 11539 SW 90 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME ~~~~°05/03/07-80053-021~150.00 STREET ADDRESS CITY-ST-ZIP William St. March Berner Sight TITLE the state of the s NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 changed, or on an attachurent with an address, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone i

Date