2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90391 026 ***150.00

DOCUMENT # P97000025360 1. Entity Name BEAUTY PLUS, INC.					04-19-2004 90391 026 ***150.00	
Principal Place 12580 NE 61 NORTH MIAM	TH AVENUE		Mailing Address 12580 NE 6TH AVENUE NORTH MIAMI, FL 33161			
2. Principal P	ace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04142004 Chg-P CR2E034 (10/03)	
City & State		City & State	City & State		4. FEI Number Applied For	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Curi	ent Registered Agent	I		7. Name and Address of New Registered Agent	
PARK, YUI	NG SE	المنيس مستعدية والمنف المستعدد		Name		
18633 S.W	24TH STREET FL 33029			Street Address	ss (P.O. Box Number is Not Acceptable)	
	1		-	City	FL Zip Code	
8. The above	named entity submits this stateme	nt for the purpose of changing	its registered	office or registe	stered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligati	ons of registered agent.					
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (A	JOTE: Registered A	gent signature requir	uired when reinstating) DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ly 1, 2004 Fee will be \$5	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees	
10.	OFFICERS A	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11"	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARK, YUNG SE N 13041 N.W. 1ST STREET., #10-302 ST		TITLE NAME STREET A	ADDRESS 1863) ⊠ Change ☐ Addition RK, YUNG SE i33 S.W. 24TH STREET RAMAR, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAI SIR CIT Delete TITI NAI SIR		TITLE NAME STREET / CITY-ST	ADDRESS [1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ,	☐ Delete	TITLE NAME	ADORESS	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS 1-ZIP	☐ Change ☐ Addition	
NAME STREET ADORESS CITY-ST-ZIP		Delete	TITLE NAME STREET A	1	Change ☐ Addition	
of the corr	oration or the receiver or trustee or or on an attachment with an addre	empowered to execute this repa	ort as required	otion stated in S e shall have the d by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if $44/5 = 616$	
JIGNAL	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	1	Date Daytine Phone #	