## 2005 FOR PROFIT CORPORATION

## Feb 03, 2005 8:00 am **Secretary of State ANNUAL REPORT** 02-03-2005 90036 036 \*\*\*150.00 **DOCUMENT # P97000035459** USA BEAUTY COLLECTION, INC. Principal Place of Business Mailing Address 40011815 1911 NW 20TH STREET 1911 NW 20TH STREET MIAMI, FL 33142 MIAMI, FL 33142 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01262005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 65-0746437 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHUNG, KYUNG A 1911 NW 20TH ST Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33142 Zip Code City 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. (NOTE: Flegistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD ☐ Delete IIILE Change TITLE CHUNG, KYUNG A NAME NAME STREET ADDRESS 7460 SW 144TH TERRACE STREET ADDRESS MIAMI, FL 33158 CITY-ST-7IP City-ST-7/2 Delete ☐ Change Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE – 🛄 Change NAME MAME STREET ADDRESS STREET ADDRESS CUY-ST-7iP City-ST-ZiP Change ☐ Addition Delete TIME: TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITE F ☐ Change Addition rm s NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE NAME NAME STREET ADDRESS 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)(ii), 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.

CER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

FILED

Daytane Phone #