2007 FOR PROFIT CORPORATION

May 04, 2007 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P97000035459** USA BEAUTY COLLECTION, INC. Mailing Address Principal Place of Business 1911 NW 20TH STREET 1911 NW 20TH STREET MIAMI, FL 33142 MIAMI, FL 33142 CR2E034 (11/05) 05012007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0746437 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHUNG, KYUNG A DO NOT WRITE 1911 NW 20TH ST MIAMI, FL 33142 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 (NOTE: Registered Agent signature required when reinstating) Signature, typid 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 10. OFFICERS AND DIRECTORS **PSD** TITLE NAME CHUNG, KYUNG A STREET ADDRESS 7460 SW 144TH TERRACE CITY-ST-ZIP MIAMI, FL 33158 /07-80033-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED