

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000095408

FILED
Mar 12, 2006
Secretary of State

Entity Name: BEAUTY CARE MANAGEMENT, INC.

Current Principal Place of Business:

511 E. SAN YSIDRO BLVD
#C-156
SAN YSIDRO, CA 92173 US

Current Mailing Address:

511 E. SAN YSIDRO BLVD
C-156
SAN YSIDRO, CA 92173 US

New Principal Place of Business:

5200 N. FEDERAL HWY
#2
FT LAUDERDALE, FL 33308 US

New Mailing Address:

5200 N. FEDERAL HWY
#2
FT LAUDERDALE, FL 33308 US

FEI Number: 65-0793630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHNEIDER, REUBIN
2021 TYLER STREET
HOLLYWOOD, FL 33022 US

Name and Address of New Registered Agent:

BARAZ, IRA
3300 N. 29TH AVENUE
#102
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: IRA BARAZ

03/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTDP () Delete
Name: MOREL, SUZANNE
Address: P O BOX 480760
City-St-Zip: FT LAUDERDALE, FL 33348

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/T (X) Change () Addition
Name: MOREL, SUZANNE VP/SEC/
Address: 5200 N. FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33348 US

Title: PRES () Change (X) Addition
Name: MOREL, PIERRE D PRES.
Address: 5200 N. FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE D. MOREL

PRES

03/12/2006

Electronic Signature of Signing Officer or Director

Date