



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000100771</b>		
1. Entity Name BEAUTY EMPORIUM, INC.		
Principal Place of Business 8275 NW 36 ST MIAMI, FL 33166 US		Mailing Address 8275 NW 36 ST MIAMI, FL 33166 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01102007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0831264 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  GOYANES, JOSE SR 8275 NW 36 ST MIAMI, FL 33166		<b>DO NOT WRITE IN THIS SPACE</b>
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) _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees U00000587424 01/17/07-80032-025 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOYANES, JOSE A 8275 NW 36 ST MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOYANES, JOSE A 8275 NW 36 ST MIAMI, FL 33166	
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TITLE NAME 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: <u>Jose Goyanes</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President 1/11/07 305 591-8373 Date Daytime Phone #