2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P98000047972

Entity Name: BEAUTYPROF INC.

Current Principal Place of Business:

2550 WEST 78TH STREET
D8
HIALEAH, FL 33016

New Principal Place of Business:

335 CAMBRIDGE DRIVE
WESTON, FL 33326

Current Mailing Address:

335 CAMBRIDGE DRIVE
FT LAUDERDALE, FL 33326

New Mailing Address:

335 CAMBRIDGE DRIVE
WESTON, FL 33326

FEI Number: 65-0848507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRIZARRY, FRED
3941 NW 5TH ST
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TONAZZI, XANITXIO
Address: 335 CAMBRIDGE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33326

Title: STD ( ) Delete
Name: TONAZZI, CARLOS
Address: 335 CAMBRIDGE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TONAZZI, XANITXIO
Address: 335 CAMBRIDGE DRIVE
City-St-Zip: WESTON, FL 33326

Title: STD (X) Change ( ) Addition
Name: TONAZZI, CARLO S
Address: 335 CAMBRIDGE DRIVE
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: XANITXIO TONAZZI PD 04/19/2005

Electronic Signature of Signing Officer or Director Date