

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000105881

1. Entity Name  
YOUNG HAIR & BEAUTY FASHION, INC.



Principal Place of Business  
205 E MEMORIAL BLVD  
LAKELAND, FL 33801

Mailing Address  
205 E MEMORIAL BLVD  
LAKELAND, FL 33801

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 01, 2006 8:00 am  
Secretary of State**

05-01-2006 90420 031 \*\*\*150.00

40070744



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3549210	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEONG, YOUNG M  
205 E MEMORIAL BLVD  
LAKELAND, FL 33801

**DO NOT WRITE  
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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE D  
NAME JEONG, YOUNG M  
STREET ADDRESS 208 E MEMORIAL BLVD  
CITY-ST-ZIP LAKELAND, FL 33801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-06

Date

Daytime Phone #