

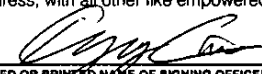


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90017 047 ***150.00

DOCUMENT # P99000108644					
1. Entity Name PIGEON BEAUTY SUPPLY INC.					
Principal Place of Business 3340 S UNIVERSITY DR MIRAMAR, FL 33025			Mailing Address 3340 S UNIVERSITY DR MIRAMAR, FL 33025		
2. Principal Place of Business 3340 S University Dr. Suite, Apt. #, etc.			3. Mailing Address 3340 S University Dr. Suite, Apt. #, etc.		
City & State Miramar		City & State Miramar		4. FEI Number 65-0969577	
Zip 33025		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHA, KYUNG C 14218 NW 18 MANOR PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name: CHA, KYUNG C Street Address (P.O. Box Number is Not Acceptable): 1234 NW 137th Terr City: Pembroke Pines FL Zip Code: 33025	
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:  DATE: 1/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD NAME CHA, KYUNG CHANG STREET ADDRESS 14218 NW 18 MANOR CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete		TITLE PSD NAME CHA, KYUNG CHANG STREET ADDRESS 1234 NW 137th Terr CITY-ST-ZIP Pembroke Pines, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CHA, BOK JA STREET ADDRESS 14218 NW 18 MANOR CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete		TITLE TD NAME CHA, BOK JA STREET ADDRESS 1234 NW 137th Terr CITY-ST-ZIP Pembroke Pines, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 1/31/06 Daytime Phone #: (954) 430-4443		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					