


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90028 028 \*\*\*150.00

<b>DOCUMENT # V56309</b>	
1. Entity Name <b>A PERFECT LOOK, INC.</b>	

Principal Place of Business <b>1432-A NE 26TH ST WILTON MANORS, FL 33305 US</b>	Mailing Address <b>1432-A NE 26TH ST WILTON MANORS, FL 33305 US</b>
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**50009023**

2. Principal Place of Business <b>1906 E. Oakland Park Blvd.</b>	3. Mailing Address <b>6151 N.W. 2nd Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01252005 Chg-P CR2E034 (10/03)

City & State <b>Fort Lauderdale, FL</b>	City & State <b>Margate, FL</b>
Zip <b>33306</b>	Zip <b>33063</b>
Country <b>U.S.</b>	Country <b>U.S.</b>

4. FEI Number <b>65-0347011</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DITOCOCO, KIMBERLY 1432-A NE 26TH ST WILTON MANORS, FL 33305</b>	7. Name and Address of New Registered Agent Name <b>Kimberly DiTocco</b> Street Address (P.O. Box Number is Not Acceptable) <b>6151 N.W. 2nd Street</b> City <b>Margate</b> FL Zip Code <b>33063</b>
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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 <b>Kimberly DiTocco President</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>Jan. 27, 2005</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DITOCOCO, KIMBERLY 1432-A NE 26TH ST WILTON MANORS, FL 33305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Kimberly DiTocco 6151 N.W. 2nd Street Margate, FL 33063</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DITOCOCO, MARION 1432-A NE 26TH ST WILTON MANORS, FL 33305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Marion DiTocco 1757 N.E. 21st Street Fort Lauderdale, FL 33305</b> <input checked="" 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
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 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 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: <b>Kimberly DiTocco President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>Jan. 27, 2005</b> Daytime Phone # <b>954-298-9584</b>