


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90082 016 \*\*\*150.00

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

Principal Place of Business 1906 E. OAKLAND FORT LAUDERDALE, FL 33306 US	Mailing Address 6151 NW 2ND STREET MARGATE, FL 33063 US
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2. Principal Place of Business	3. Mailing Address 4711 N.E. 29 <sup>th</sup> Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Fort Lauderdale, FL
Zip 33308	Country US



01242006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0347011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DITOCOCO, KIMBERLY 6151 NW 2ND STREET WILTON MANORS, FL 33305	7. Name and Address of New Registered Agent Name Kimberly Serra Street Address (P.O. Box Number is Not Acceptable) 4711 N.E. 29 <sup>th</sup> Ave. City Fort Lauderdale FL Zip Code 33308
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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 Kimberly Serra DATE 1/28/06

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D DITOCOCO, KIMBERLY 1432-A NE 26TH ST WILTON MANORS, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SERRA, KIMBERLY 4711 N.E. 29 <sup>th</sup> AVE. FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITOCOCO, MARION 1432-A NE 26TH ST WILTON MANORS, FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kimberly Serra Kimberly Serra 1/28/06 954-298-9584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #