


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 654696**  
 1. Entity Name  
**A-1 BEAUTY SHOP, INC.**



Principal Place of Business      Mailing Address  
**A-1 BEAUTY SHOP INC**      **1415 FIRST STREET**  
**KEY WEST, FL 33040 US**      **KEY WEST, FL 33040**

**DO NOT WRITE IN THIS SPACE**



02202006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2101923**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RIGGS, NIDIA BORDERS**  
**2121 HARRIS AVENUE**  
**KEY WEST, FL 33040**

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

**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	PD
NAME	RIGGS, NIDIA BORDERS
STREET ADDRESS	2121 HARRIS AVE
CITY-ST-ZIP	KEY WEST, FL
TITLE	D
NAME	COMLOH, BARBARA A
STREET ADDRESS	LOT 4, KEY WEST VILLAS
CITY-ST-ZIP	KEY WEST, FL
TITLE	AT
NAME	HOFFMAN, JOANNA B.
STREET ADDRESS	2121 HARRIS AVENUE
CITY-ST-ZIP	KEY WEST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. **FILE NUMBER 654696**  
**04/12/06-020 150.00**

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: Nidia Borders      Date: 2-20-06      Daytime Phone #: President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR