


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90028 037 \*\*\*158.75

DOCUMENT # **PO5000066243**

1. Entity Name  
**Agro-Groom Hair Products, Inc.**



**DO NOT WRITE IN THIS SPACE**

**40095438**

CR2E034B (8/05)

2. Principal Place of Business  
**2371 N.W. 119th St. Unit 110**  
Suite, Apt. #, etc. **Unit 110**  
City & State **Miami, FL**  
Zip **33167** Country **US**

3. Mailing Address  
**2371 N.W. 119th St., Unit 110**  
Suite, Apt. #, etc. **Unit 110**  
City & State **Miami, FL**  
Zip **33167** Country **US**

4. FEI Number  
**26-0083684**

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Thomas Beck**

Street Address (P.O. Box Number is Not Acceptable)  
**2371 N.W. 119th St., Unit 110**

City **Miami** State **FL** Zip Code **33167**

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 **Thomas Beck** DATE **4-25-07**

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended AR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D Thomas Beck 2371 N.W. 119th St., Unit 110 Miami, FL 33167</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas Beck** DATE **4-25-07** Daytime Phone # **(305) 687-0697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR