

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

07-28-2008 90028 049 \*\*\*\*158.75  
 P07000044136  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 SEP 12 PM 4:20

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DOCUMENT # P07000044136				
1. Entity Name ANGEL'S BEAUTY SUPPLY OF TAMPA INC				
Principal Place of Business 8405 N HIMES AVE SUITE 106 TAMPA, FL 33614		Mailing Address 8405 N HIMES AVE SUITE 106 TAMPA, FL 33614		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
NGUYEN, TRANG D 3603 W CARMEN STREET TAMPA, FL 33609		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____				
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008				
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P NGUYEN, TRANG D 3603 W CARMEN STREET TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY- ST- ZIP			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY- ST- ZIP			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY- ST- ZIP			CITY- ST- ZIP	
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 appointment with an address, with all other like empowered.				
SIGNATURE: _____		7/24/08 813 9321177 (Make Three)		