

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000045909

1. Entity Name
ANNA BEAUTY SUPPLY, INC.



FILED

04 NOV -8 AM 9: 57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**6311 MIRAMAR PARKWAY 1830 NW 2ND AVE
MIRAMAR, FL 33023 MIAMI FL 33169**

Mailing Address
**6311 MIRAMAR PARKWAY 1830 NW 2ND AVE
MIRAMAR, FL 33023 MIAMI FL 33169**



11042004 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 27-0055705		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
DAHCHA, RAMZI 6311 MIRAMAR PARKWAY 1830 NW 2ND AVE MIRAMAR, FL 33023 MIAMI FL 33169				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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

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	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAHCHA, RAMZI			NAME			
STREET ADDRESS	6311 MIRAMAR PARKWAY			STREET ADDRESS	1830 NW 2ND AVE		
CITY-ST-ZIP	MIRAMAR, FL 33023			CITY-ST-ZIP	MIAMI FL 33169		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMDAN, MAHMOUD			NAME			
STREET ADDRESS	6311 MIRAMAR PARKWAY			STREET ADDRESS	1830 NW 2ND AVE		
CITY-ST-ZIP	MIRAMAR, FL 33023			CITY-ST-ZIP	MIAMI FL 33169		
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	
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			

700042555047
11/08/04--01026--003 **150.00

[Handwritten Signature]

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____