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

ANNUAL REPORT	2007	FOR PROFIT CORPORATION
		ANNUAL REPORT

DOCUMENT # P06000067775 1. Entity Name 1603 TATTOO & PIERCING COMPANY							05-01-2007 90007 032 ***150.00				
Principal Plac	e of Business	3	Mailin	Mailing Address							
1603 EAST 7TH AVE YBOR CITTY, FL 33605			505 SUTTON PLACE BRANDON, FL 33511				· · ,				
								I BRÍF FIR COM BUR D	IN 1910 1111 112	N 100M 1000 UM	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			04152007	Chg-P	CR2E03	34 (12/06)	
City & State	9		City	City & State			4. FEI Numb	per 48623	376	1	plied For t Applicable
Zip		Country	Zip		try				\$8.75 Add		
					<u> </u>		5. Certificati	of Status Desired		ee Required	
	6. Name	and Address of Curre	nt Registere	d Agent		Name	7. Name an	d Address of New	Registered A	gent	
SAMPSON	I. SKIP					Name			_		
505 SUTT	ON PLACE	_				Street Address ((P.O. Box Numb	er is Not Acceptab	le)		
BRANDON	N, FL 335	11							<u> </u>		
						City				Zip Code	
·· <u>·</u>		•		_		·			FL		l
8. The above the obligat	named entity ions of regist	y submits this statement ered agent.	t for the purp	ose of changing its	registere	ed office or registe	red agent, or bo	oth, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if app	licable. (NOTE	. Registere	d Agent signature required	d when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
	<u>کے ۔</u>	OFFICERS AT	ND DIRECTO	RS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	DPT	N CKID		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	SAMPSON, SKIP 505 SUTTON PLACE STRE					ET ADDRESS					
CITY-ST-ZIP		N, FL 33511				-ST-ZIP					
TITLE	DVPS			☐ Defete	TITLE	:				Change	Addition
NAME	l				NAM	_					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					· [
TITLE	DVP			☐ Delete	TITLE					Change	Addition
NAME		ADT, ROBERT			NAM					onanga	
STREET ADDRESS	PO BOX 8				- 6	ET ADDRESS					
CITY-ST-ZIP	AVENTUR	RA, FL 33280				-ST-ZIP					
NAME				☐ Delele	TITLE NAM					☐ Change	☐ Addition
STREET ADDRESS					-	ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
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NAME STREET ADDRESS					NAM	E ET ADORESS					
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NAME					NAM						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS					
	Certify that th	e information supplied	ui k 3 nie filie-	done not availée to		-ST-ZIP	dia Chasta 11	IO Florido Charatas	1 forther ac	ih that the '	oformatics.
12. I hereby certify that the information supplied with his 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 receipt for trusted 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: 4/27/07 8/3-484-3388											