FILED
Mar 17, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 541526

1. Entity Name
MARGATE SCHOOL OF BEAUTY, INC.

Principal Place of Business	Mailing Address
5281 COCONUT CREEK PKWY MARRGARE, F. 33063 US	5281 COCONUT CREEK PKWY 209 MARRGARE, F. 33063 US

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1754250
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARNETT, STANLEY
6333 NW 53RD ST.
CORAL SPRINGS, FL 33067

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

000000472462
03/29/06-80037-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARNETT, STANLEY
STREET ADDRESS	6333 NW 53RD STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/21/06 954 972-9630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #