

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90110 019 ***150.00

DOCUMENT # G82072

1. Entity Name
ARY'S MAGIC COMB, INC.



Principal Place of Business
**1682 S.W. 22ND ST.
CORAL WAY
MIAMI, FL 33145**

Mailing Address
**1682 S.W. 22ND ST.
CORAL WAY
MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2363460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WRIGHT, ARY
1682 S.W. 22ND ST
MIAMI, FL 33129**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST WRIGHT, ARY 1682 S.W. 22ND STREET MIAMI, FL
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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 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 of my full and proper residence.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

March 23 - 2006 305 8564720

ATTACHMENT



40040157

ATTENT. MARCH 2, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

ARY'S MAGIC COMB, INC.
1682 S.W. 22ND ST.
CORAL WAY
MIAMI, FL 33145

Subject: ARY'S MAGIC COMB, INC.

Reference Number: G82072

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh

ANNUAL REPORTS SECTION