

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # J34667

1. Entity Name

BEACH HAIR EXCHANGE, INC



Principal Place of Business

7133 GULF BLVD.
ST. PETE BEACH, FL 33706

Mailing Address

5001 LANSING ST.
ST. PETERSBURG, FL 33703



04122006 No Chg-P CRZE034 (11/05)

4. FEI Number

59-2740749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRITTO, ANNETTE
5001 LANSING ST
ST PETERSBURG, FL 33703

**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 reappointing)

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	PS
NAME	BRITTO, ANNETTE
STREET ADDRESS	5001 LANSING ST
CITY-STATE-ZIP	ST. PETERSBURG, FL
TITLE	V
NAME	BERGER, DAVID
STREET ADDRESS	919 59TH AVE.
CITY-STATE-ZIP	ST. PETERSBURG BEACH, FL
TITLE	S
NAME	BRITO, ANNETTE
STREET ADDRESS	5001 LANSING ST
CITY-STATE-ZIP	ST PETERSBURG, FL
TITLE	T
NAME	RODRIGUEZ, ANTHONY A.
STREET ADDRESS	919 59TH AVE.
CITY-STATE-ZIP	ST. PETERSBURG BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/29/06-80083-013 150.00

**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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06

Date

Daytime Phone #

727-360-238