

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
Apr 10, 2007 08:00 A
Secretary of State



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2740749

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRITTO, ANNETTE
5001 LANSING ST
ST PETERSBURG, FL 33703

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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-ST-ZIP ST. PETERSBURG, FL

TITLE V
NAME BERGER, DAVID
STREET ADDRESS 919 59TH AVE.
CITY-ST-ZIP ST. PETERSBURG BEACH, FL

TITLE S
NAME BRITO, ANNETTE
STREET ADDRESS 5001 LANSING ST
CITY-ST-ZIP ST PETERSBURG, FL

TITLE T
NAME RODRIGUEZ, ANTHONY A.
STREET ADDRESS 919 59TH AVE.
CITY-ST-ZIP ST. PETERSBURG BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000697511
04/18/07-80043-021 150.00

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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: *x Annette Brito*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+ 4/7/07 (H2) 360-2389
Date Daytime Phone #