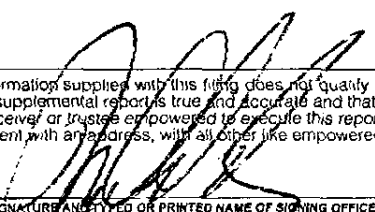


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000004112		
1. Entity Name ANGEL'S BEAUTY SUPPLY, INC.		
Principal Place of Business 5944 34 STREET NORTH STE 32 & 33 ST PETERSBURG, FL 33714	Mailing Address 5944 34 STREET NORTH STE 32 & 33 ST PETERSBURG, FL 33714	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VAN NGUYEN, BINH 5944 34 STREET NORTH STE 32 & 33 ST PETERSBURG, FL 33714		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 reinstalling) 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	M NGUYEN, BINH VAN 5944 34 STREET NORTH STE 32 & 33 ST PETERSBURG, FL 33714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 reports 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: 		MAR 24 - 06 (737) 520 9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3707459	Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

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04/11/06-00085-007 158.75

**DO NOT WRITE
IN THIS SPACE**