

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083337

FILED
Mar 17, 2005
Secretary of State

Entity Name: BEAUTY SUPPLY DISTRIBUTION CORP.

Current Principal Place of Business:

2744 SW 112 AVE.
MIAMI, FL 33172

New Principal Place of Business:

2905 N.W. 109 AVENUE
MIAMI, FL 33172

Current Mailing Address:

2744 SW 112 AVE.
MIAMI, FL 33172

New Mailing Address:

2905 N.W. 109 AVENUE
MIAMI, FL 33172

FEI Number: 65-1037845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOGIN, MORLIN
2744 NW 112 AVE.
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

LOGIN, MORLIN
2905 N.W. 109 AVENUE
MIAMI, FL 33172 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

03/17/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOGIN, MORLIN
Address: 2746 NW 112 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: VPD () Delete
Name: ARGUELLES, SILVIA
Address: 2746 NW 112 AVENUE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOGIN, MORLIN
Address: 2905 N.W. 109 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: VPD (X) Change () Addition
Name: ARGUELLES, SILVIA
Address: 2905 N.W. 109 AVENUE
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA B. ARGUELLES

Electronic Signature of Signing Officer or Director

VP

03/17/2005

Date