2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083337

Entity Name: BEAUTY SUPPLY DISTRIBUTION CORP.

FILED Jun 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2905 N.W. 109 AVENUE 3750 N.W. 114 AVENUE

MIAMI, FL 33172 SUITE#3 DORAL, FL 33178

Current Mailing Address: New Mailing Address:

2905 N.W. 109 AVENUE 3750 N.W. 114 AVENUE SUITE#3 MIAMI, FL 33172

DORAL, FL 33178

FEI Number: 65-1037845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOGIN, MORLIN LOGIN, MORLIN P PRES 2905 N.W. 109 AVENUE 3750 N.W. 114 AVENUE DORAL, FL 33178 MIAMI, FL 33172

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: MORLIN PLOGIN 06/17/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition LOGIN, MORLIN LOGIN, MORLIN PRES Name: Name: 2905 N.W. 109 AVENUE 3750 N.W. 114 AVENUE Address: Address: City-St-Zip:

MIAMI, FL 33172 City-St-Zip: DORAL, FL 33178

Title: VPD Title: VPD (X) Change () Addition () Delete ARGUELLES, SILVIA Name: Name: PARRELLA, NICOLE B VP/SEC 2905 N.W. 109 AVENUE 3750 N.W. 114 AVENUE Address: Address: MIAMI, FL 33172 DORAL, FL 33178 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition TRES Name: COLEMAN, ANTHONY G TREAS Name: 3275 W. HILLSBORO BLVD Address: Address: City-St-Zip: City-St-Zip: DEERFIELD BEACH, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MORLIN PLOGIN **PRES** 06/17/2009