

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

08-23-2004 90026'036 \*\*\*150.00  
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**DOCUMENT # P00000099780**

1. Entity Name  
**KATHLEEN BEAUTY SUPPLY FASHION, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 15 AM 8:00

Principal Place of Business  
1331 KATHLEEN ROAD  
LAKELAND, FL 33805

Mailing Address  
1331 KATHLEEN ROAD  
LAKELAND, FL 33805

**DO NOT WRITE IN THIS SPACE**



07232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3681336

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SALEM, TALAT  
STREET ADDRESS 1331 KATHLEEN ROAD  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

7/25/04 8:3-762 7658

Date

Daytime Phone #

282  
**PROFESSIONAL BOOKKEEPERS**



110 S. MANHATTAN AVE. ♦ #64 ♦ TAMPA, FL. 33609 ♦ HILLSB.  
Phone 813-288-8170 ♦ Fax 813-282-3169

September 02, 2004

TO WHOM IT MAY CONCERN:

I BASSAM J SALEH THE OWNER OF PROFESSIONAL BOOKKEEPERS HAVE MANY OF MY CLIENTS  
CALL ME THAT THEY DID NOT RECEIVE THE FIRST RENEWAL.  
THIS IS ONE OF THEM PLEASE ACCEPT THE RENEWAL AND WAVE THE LATE FEE FOR THAT  
MATTER.

THANK YOU FOR YOUR HELP.

IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE DO NOT HESITATE TO CALL.

CORP. # 9000000 99780

Sincerely,

BASSAM J. SALEH