## FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90106 034 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION

<del></del>		ANNUA	YL KE	PORT		,					
DOCU	MENT	#P010000	11523								
1. Entity Name B B K DOMINICAN BEAUTY SALON, INC.											
Principal Place of Business Mailing Address							-				
18908 SW 114TH AVENUE				18908 SW 114TH AVENUE					5001	14/	11
MIAMI, FL 33157				MIAMI, FL 33157					0001	7.27	11
						Í <b>GRÍFI</b> JI <b>di</b> t eðili erkil erki.	I BUUU KATELUK	( <b>6</b>			
2. Principal F	Place of Busin	ness	3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			_			- 11655 14	HBB1 17 14 B1
	, 515.		"	Salte, P. por III, Otto.			03282006	Chg-P	CR2E034 (1	11/05)	·
City & State			Cit	City & State			4. FEI Numb				plied For
Zip	Country			Zip Country			65-1083435   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional				
							5. Certificate	of Status Desired	Fee Required		
	6. Name	and Address of Curre	ent Register	7. Name and Address of New Registered Agent Name							
HERYER, KENNY A S											
18908 SW 114TH AVENUE MIAMI, FL 33157						Street Address (P.O. Box Number is Not Acceptable)					
WIAWI, FC 33137											·
						City			FL 2	Zip Code	9
8. The above	named entity	y submits this statemer	nt for the pur	pose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Flo		ar with.	and accept
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 NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10.		OFFICERS A	ND DIRECTO	ORS	11.		ADDITIONS.	CHANGES TO OFFI	CERS AND DIRI	ECTORS	S (N 11
TITLE NAME	D HEVER KENNYA			☐ Delete	TITL					Change	☐ Addition
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CITY-ST-ZIP						ST-ZIP					
TITLE				☐ Delete	TITLE					hange	☐ Addition
NAME STREET ADDRESS	DEET ADDRESS										
CITY-ST-ZIP						ET ADDRESS ·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 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.											
of the management and activities with all other like empowered.											
SIGNAT	URE	) Lui	ال	128/66	305.2	UT,	1213				
		SIGNATURE AND ITPED	A PRINTED NA	ME OF SIGNING OFFICER	OR DIRECT	QR		Date	Davtane F	hone #	