

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000059679

1. Entity Name  
THE BEAUTY SUPPLY WAREHOUSE, INC.



Principal Place of Business  
2121 N STATE ROAD 7  
LAUDERHILL, FL 33313 US

Mailing Address  
2121 N STATE ROAD 7  
LAUDERHILL, FL 33313 US



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1115154

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BANIHANI, AHMAD  
2121 N STATE ROAD 7  
LAUDERHILL, FL 33313

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BANIHANI, AHMAD
STREET ADDRESS	2121 N STATE ROAD 7
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	VT
NAME	BUEZO, LUDIS M
STREET ADDRESS	PO BOX 292336
CITY-ST-ZIP	DAVIE, FL 33329
TITLE	V
NAME	MOHAMMAD, EMAD
STREET ADDRESS	2121 N STATE ROAD 7
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000954652  
07/14/08-80009-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/08-954-714.9611