

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90210 001 ***150.00

DOCUMENT # P01000061093

1. Entity Name
TOPIARY BEAUTY SUPPLY, INC.



Principal Place of Business

**13790 SW 8TH ST.
MIAMI, FL 33184**

Mailing Address

**13790 SW 8TH ST.
MIAMI, FL 33184**

14006150



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1106005	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**BEHARRY, CURTIS A
6202 NW 116 AVE., #446
MIAMI, FL 33178**

**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

Curtis A. Beharry
Signature, typed or printed name of registered agent and title if applicable.

Curtis A. Beharry
(NOTE: Registered Agent signature required when reinstating)

4/28/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEHARRY, GEORGINA R
STREET ADDRESS	13790 SW 8TH ST.
CITY-ST-ZIP	MIAMI, FL 33184

TITLE	VP
NAME	BEHARRY, CURTIS A
STREET ADDRESS	13790 SW 8TH ST.
CITY-ST-ZIP	MIAMI, FL 33184

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Curtis A. Beharry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05 305-551-0282