

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90049 039 \*\*\*150.00

**DOCUMENT # P01000111370**

1. Entity Name  
**BOBBI'S COLOUR STUDIO, INC.**



Principal Place of Business  
**3010 N. MILITARY TRAIL, UNIT #35  
UNIT 17  
BOCA RATON, FL 33431**

Mailing Address  
**3010 N. MILITARY TRAIL, UNIT #35  
UNIT 17  
BOCA RATON, FL 33431**

2. Principal Place of Business

3. Mailing Address  
**11930 ARIAS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BOYNTON BCH, FL**

Zip

Country

Zip  
**33437**

Country  
**USA**

01172005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**00-8216911**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RINI, BOBBI  
3010 N. MILITARY TRAIL, UNIT #35  
BOCA RATON, FL 33431  
11930 ARIAS AVE  
BOYNTON BEACH, FL 33437**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \$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 NAME STREET ADDRESS CITY - ST - ZIP	DP RINI, BOBBI 3010 N. MILITARY TRAIL, UNIT 17 BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	11930 ARIAS AVENUE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**BOBBI RINI  
PRESIDENT**

**3/19/05** **561-982-8800**  
**X17**

Date

Daytime Phone #