2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000111370

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

Principal Place of Business	Mailing Address
3010 N. MILITARY TRAIL, UNIT #35 UNIT 17 BOCA RATON, FL 33437	11930 ARIAS AVE UNIT 17 BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

04102006   No Chg-P   CR2E034 (11/05)

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

RINI, BOBBI
11930 ARIAS AVE
BOYNTON BEACH, FL 33437

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 $150.00 After May 1, 2006 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	U0000050C418 04/27/06-00022-009 150 00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	RINI, BOBBI
STREET ADDRESS	11930 ARIAS AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _____Bobbi Rini_____   4/10/06   954-234-0385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #