## 2007 FOR PROFIT CORPORATION

## Apr 25, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000121371 04-25-2007 90190 029 \*\*\*150.00 1. Entity Name D.J. BEAUTY SUPPLY, INC. 4 U U U -Principal Place of Business Mailing Address 8211 FLORIDA AVE. 8211 FLORIDA AVE. TAMPA, FL 33604 TAMPA, FL 33604 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 80-0010503 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEONG, CHUN RYE Street Address (P.O. Box Number is Not Acceptable) 8211 FLORIDA AVE. TAMPA, FL 33604 City Zip Code FL 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, typod or printed name of registered agent and tiže if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THLE Change Addition JEONG, CHUN RYE NAME NAME STREET ADDRESS 6225 GREENWICH DR. STREET ADDRESS CITY-ST-ZIF TAMPA, FL 33647 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST. 7IP ☐ Delete ☐ Change ☐ Addition TITLE THTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07

Daytime Phone #