

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90016 010 ***150.00

DOCUMENT # P02000037772

1. Entity Name

BEST BEAUTY SUPPLY & FASHION, INC.



Principal Place of Business

1964 W TENNESSEE STREET #17
TALLAHASSEE FL 32304

Mailing Address

1964 W TENNESSEE STREET #17
TALLAHASSEE FL 32304

2. Principal Place of Business

1964 W. Tennessee st

3. Mailing Address

The same

Suite, Apt. #, etc.

17

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Zip

32304

Country

LEON

Zip

Country

4. FEI Number

04-3639227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAEK, EUNKI
1964 W TENNESSEE STREET #17
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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

Baek Eun Ki

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME BAEK, EUNKI
STREET ADDRESS 1964 W TENNESSEE STREET #17
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE DVS ☐ Delete
NAME BAEK, GIYOUNG
STREET ADDRESS 1964 W TENNESSEE STREET #17
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Baek Eun Ki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

Date

850-575-8949

Daytime Phone #