2007 FOR PROFIT CORPORATION [redacted] ANNUAL REPORT

DOCUMENT # P02000080919

1. Entity Name

UNITED BEAUTY SUPPLY, INC.

FILED
07 APR 26 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

03192007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
22339 S.W. 112 AVE. MIAMI FL. 33170	

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04 3705609 ☐ 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
RONNIE WADI 14111 SW 166th. ST MIAMI FL. 33177	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 Abdulrahman Wahdan Pres 4/19/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RONNIE WADI, PRES. 14111 SW 166th. ST MIAMI FL. 33177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. SEC. TRAS. ABDULRAHMAN WAHDAN 14012 SW 157th. TERR. MIAMI FL. 33177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$35/4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000103094740 05/23/07--01011--016 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Abdulrahman Wahdan V.P.S.T. 3/20/07 305-409.96 XS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #