

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90123 032 ***150.00

DOCUMENT # P02000097047

1. Entity Name

BIANA'S BEAUTY SUPPLY & ITEMS, INC.



Principal Place of Business

HAITI P-ON-P
MIAMI FL 33161

Mailing Address

595 NW 118TH ST.
MIAMI FL 33168

2. Principal Place of Business

Haiti P-on-P

Suite, Apt. #, etc.

Delmas 19 #19

City & State

P-on-P

Zip

Country

3. Mailing Address

595 NW 118 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33168

Country

U.S.A



1st MOORE

CR2E034 (10/04)

4. FEI Number

03-0480865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SESNE, SAINTAMEN'NE
595 NW 118TH ST.
MIAMI FL 33168

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

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

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 P ☐ Delete
NAME JOSEPH, KETELY
STREET ADDRESS 595 NW 118TH STREET
CITY-ST-ZIP MIAMI FL 33168

TITLE P ☐ Delete
NAME SEME, SAINTAME'NE
STREET ADDRESS 595 NW 118 ST.
CITY-ST-ZIP MIAMI FL 33168

TITLE S ☐ Delete
NAME JOSEPH, WILLIAM
STREET ADDRESS 595 NW 118 ST.
CITY-ST-ZIP MIAMI FL 33108

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/05

(86)

356-8607

Daytime Phone #