

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 MAR 10 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000003326

1. Entity Name

FLORIDA BEAUTY ACADEMY INCORPORATED



Principal Place of Business

3580 N. HWY. 17-92, SUITE 108
LAKE MARY FL 32746

Mailing Address

7930 49TH AVE. E
BRADENTON FL 34203

2. Principal Place of Business

Florida Beauty Academy
Suite, Apt. #, etc.

3. Mailing Address

3590 N. HWY 17/92
Suite/Apt. #, etc.
1020



MOORE CR2E034 (11/03)

City & State

LAKE MARY, FL.

City & State

LAKE MARY, Florida

4. FEI Number

74-3075318

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301-0000

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, 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 D ☐ Delete
NAME NGYUEN, CHRISTOPHER
STREET ADDRESS 3580 N. HWY. 17-92, SUITE 108
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete
NAME HOANG, HUNG
STREET ADDRESS 3580 N. HWY. 17-92, SUITE 108
CITY-ST-ZIP LAKE MARY FL 32746

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 500030508415
CITY-ST-ZIP 03/16/04--01037--009 **150.00

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #