

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90048 013 ***150.00

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1. Entity Name
FLORIDA BEAUTY ACADEMY INCORPORATED



Principal Place of Business

3590 N HWY 17/92
1020
LAKE MARY, FL 32746

Mailing Address

3590 N HWY 17/92
1020
LAKE MARY, FL 32746

60008440



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3075318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAXPROS, INC.
420 E. STATE RD. 434
#A-3
LONGWOOD, FL 32750

DO NOT WRITE
IN THIS SPACE

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NGYUEN, CHRISTOPHER
STREET ADDRESS 3590 N. HWY. 17-92, SUITE 408 1020
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D
NAME HOANG, HUNG
STREET ADDRESS 3590 N. HWY. 17-92, SUITE 408 1020
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/06