

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096399

Entity Name: B & S BEAUTY SUPPLIES, INC

FILED
Mar 18, 2008
Secretary of State

Current Principal Place of Business:

6679 N ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6679 N ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-0200783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBASHITI, MOHAMMED
6679 N ARLINGTON ROAD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBASHITI, MOHAMMED
Address: 6679 N ARLINGTON ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP () Delete
Name: EIMAN, BASHITI
Address: 1254 DAYFLOWER DR
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: SINNOKROT, MARWAN
Address: 1232 E. SIERRA MADRE AVE
City-St-Zip: GILBERT, AZ 85296

Title: D () Delete
Name: MUHIAR, MOHAMMAD
Address: 3604 PALEFACE PLACE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMED ALBASHITI

P

03/18/2008

Electronic Signature of Signing Officer or Director

Date