2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P03000096399

Entity Name: B & S BEAUTY SUPPLIES, INC

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: EDELBI, QOUSAI
Address: 11110 ATLANTIC BLVD APT 216
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: T ( ) Change (X) Addition
Name: HUSEIN, AMMAR
Address: 2142 WILLESDON DR WEST
City-St-Zip: JACKSONVILLE, FL 32246

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: MOHAMMAD MUHIAR D 04/23/2009
Electronic Signature of Signing Officer or Director Date