2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096399

Entity Name: B & S BEAUTY SUPPLIES, INC

FILED Apr 23, 2009 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|---|---|------------------------|---|--|--|--|
| | LINGTON F VILLE, FL 3 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| | LINGTON F VILLE, FL 3 | | | | | | |
| FEI Number: | 20-0200783 | FEI Number A | pplied For() FEI | Number Not Appli | cable () Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | | |
| 6679 N AR | I, MOHAMN LINGTON F VILLE, FL 3 | ROAD | | | | | |
| | named enti e of Florida. | ty submits this sta | atement for the purpos | se of changing it | s registered office or registered agent, or both, | | |
| SIGNATUR | RE: | | | | | | |
| | Elect | ronic Signature of | Registered Agent | | Date | | |
| Election Can | npaign Finan | cing Trust Fund Cor | ntribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | 6679 N ARL | () Delete MOHAMMED INGTON ROAD LLE, FL 32211 | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | VP EIMAN, BAS 1254 DAYFI TAMPA, FL | OWER DR | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | SINNOKRO | RRA MADRE AVE | | Title: Name: Address: City-St-Zip: | S (X) Change () Addition EDELBI, QOUSAI 11110 ATLANTIC BLVD APT 216 JACKSONVILLE, FL 32225 | | |
| Title: Name: Address: City-St-Zip: | MUHIAR, MO 3604 PALEF | () Delete DHAMMAD FACE PLACE ILLE, FL 32210 | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | | () Delete | | Title: Name: Address: City-St-Zip: | T () Change (X) Addition HUSEIN, AMMAR 2142 WILLESDON DR WEST 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