

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90130 037 ***150.00

DOCUMENT # P03000155022

1. Entity Name

CONRAD BEAUTY CONSULTANTS, INC.



Principal Place of Business

18653 SHAUNA MANOR DR.
BOCA RATON FL 33496

Mailing Address

18653 SHAUNA MANOR DR.
BOCA RATON FL 33496



2. Principal Place of Business

11387 Palmetto Park Rd

3. Mailing Address

11387 PALMETTO PARK RD

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

1st MOORE

CR2E034 (10/04)

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

80-0092614

Applied For

Not Applicable

Zip

33428

Country

FLA BEH

Zip

33428

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, GAIL
18653 SHAUNA MANOR DR.
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name: ROWLAND, SANDIA

Street Address (P.O. Box Number is Not Acceptable)

11387 PALMETTO PARK RD

SUITE A

City: BOCA RATON

FL

Zip Code

33428

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

SANDIA ROWLAND

Signature, typed or printed name of registered agent and title if applicable

Sandia Rowland

(NOTE: Registered Agent signature required when reinstating)

4/6/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	P	<input checked="" type="checkbox"/> Delete
NAME	FISHER, GAIL	
STREET ADDRESS	18653 SHAUNA MANOR DR.	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, SANDIA	
STREET ADDRESS	11387 PALMETTO PK RD - A	
CITY-ST-ZIP	BOCA RATON, FL 33428	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Sandia Rowland

SANDIA ROWLAND

561-451-8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #