

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 A  
Secretary of State**

**DOCUMENT # P04000028225**

**1. Entity Name  
BECCA'S BEAUTY SUPPLY CORP.**



**Principal Place of Business  
9041 PEMBROKE RD.  
PEMBROKE PINES, FL 33025**

**Mailing Address  
9041 PEMBROKE RD.  
PEMBROKE PINES, FL 33025**



04142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
81-0680073**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BLACK, REBECCA C  
1440 SW 97TH TERR  
PEMBROKE PINES, FL 33025**

**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**

|                       |                                 |
|-----------------------|---------------------------------|
| <b>TITLE</b>          | <b>P</b>                        |
| <b>NAME</b>           | <b>BLACK, REBECCA C</b>         |
| <b>STREET ADDRESS</b> | <b>1440 SW 97TH TERR</b>        |
| <b>CITY-ST-ZIP</b>    | <b>PEMBROKE PINES, FL 33025</b> |
| <b>TITLE</b>          | <b>VP</b>                       |
| <b>NAME</b>           | <b>BLACK, TASHIE R</b>          |
| <b>STREET ADDRESS</b> | <b>1440 SW 97TH TERR</b>        |
| <b>CITY-ST-ZIP</b>    | <b>PEMBROKE PINES, FL 33025</b> |
| <b>TITLE</b>          | <b>S</b>                        |
| <b>NAME</b>           | <b>CHRISTIE, NICOLETTE S</b>    |
| <b>STREET ADDRESS</b> | <b>1417 NW 97TH TERR</b>        |
| <b>CITY-ST-ZIP</b>    | <b>PEMBROKE PINES, FL 33024</b> |
| <b>TITLE</b>          |                                 |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          |                                 |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>TITLE</b>          |                                 |
| <b>NAME</b>           |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |

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05/11/06-80093-020 150.00

**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 all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-06 954312722