## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 27, 2005 8:00 am Secretary of State

DOCUMENT # P04000028232  1. Ersity Name TINA'S BEAUTY SALON & SUPPLY INC								06-06-2	2005 9000			
Principal Place of Business 616 E VINE STREET KISSOMNEE, FL 34744			616 E VIN	Mailing Address 616 E VINE STREET KISSPAMEE, FL 34744			s autrom r	i enn bres som flin fi	ITA STIFFA FARIS INTI	1 1F91 HIV 11	1301 H 1881)	
2. Principal Pl	lace of Busin	1053	3. Mailing A	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			05192005	Chg-P	CR2E03	4 (10/03)		
City & State			City & Sta	City & State			4 FEI Numb	0725 2	233	$\rightarrow$	plied For Applicable	
Zip	Country		Zip	Zip Cau		У		of Status Desired		8.75 Add on Required		
6. Name and Address of Current Registered Agent					-	Name	7. Name and	Address of New	Registered A	gent		
TAVERAS, ARGENTINA 616 E VINE STREET KISSIMMEE, FL 34744							Street Address (P.O. Box Number is Not Acceptable)					
NOOMMELE, I'L OTT										Zip Code		
8. The above	named entit	v submits this statement	for the ouroose o	f changing its re	eQistere:	City d office or registe	ered agent, or bo	th, in the State of F	FL Torida, I am fe	<u> </u>		
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												
FILE NOWIII FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Finan Trust Fund Contribution.							5.00 May Be Sted to Fees	In accordance corporation did	with s. 607. I not receive	193(2)(b), the prior r	F.S., the lotice.	
10.	P	OFFICERS AN	D DIRECTORS		11.		ADDITIONS	CHANGES TO OF				
HTLE NAME STREET ADDRESS	TAVERAS, ARGENTIA				TITLE NAME STREET	T ADDRESS				Charige	☐ Addition	
CITY-SI-ZIP						ST-ZIP		<del></del>		☐ Change	- Austrian	
NAME STREET ADDRESS			'	LJ Veles		T ADORESS				i α <b>ari</b> c	☐ Addition	
CITY-SI-ZIP	City					51-2IP				☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	☐ Detete	TITLE NAME STREET	T ADDRESS ST-ZIP		<u></u>		Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Soction 119.07(3)(i), Florida Statutas. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shaft have the same legal effect as if made under oath; that if am an officer or director of the corporation or the receiver or trustee emplowered 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 tike empowered.  SIGNATURE:  BOOK THE OF PRINTED MANE OF SOURCE OF PRINTED MANE OF												