2005 FOR PROFIT CORPORATION

FILED Mar 02, 2005 8:00 am Secretary of State

ANNUAL REPURI							1 03-02-2005 90092 001 ***150.00				
DOCUMENT # P04000138081 1. Entity Name FABULOUS BEAUTY STORES AND SALONS, INC.							03-02-2005 9	0092 00.	1 ***150	0.00	
Principal Place of Business Mailing Address									F 00	00000	
8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637			8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637						ρŅŪ	22000	
	lace of Business		3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02152005	Chg-P	CR2E03	4 (10/03)	- <u></u> 1	
City & State			City & State			4. FEI Number	703/61		No	plied For t Applicable	
Zip	Zip Country		Zip Count		try	5. Certificate of	Status Desired		8.75 Add		
6Name and Address of Current			Registered Agent	<u> </u>	7. Name and Address of New Registered Agent						
	vItalilo alici	Hadies of Content	negistered Agent	-	Name						
LONG, NEWTON E III 8875 HIDDEN RIVER PARKWAY SUITE 300					Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FI	L 33637										
					City	City FL Zip Code					
	named entity sub tions of registered		r the purpose of changing its	s register	Led office or register	red agent, or both,	in the State of Flor		l amiliar with,	and accept	
SIGNATURE_	Signature, twoed or prin	sted name of registered agent	and title if applicable. (NO)	E: Redistere	d Agent signature required	When reinstating)		DATE			
<u> </u>			1								
		E IS \$150.00 se will be \$550.	9. Election Campa Trust Fund Con			.00 May Be led to Fees			· ·		
10.		OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deleta Doleta Deleta Deleta Doleta				E SET ADDRESS '-ST-ZIP	•			☐ Change	Addition Addition	
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NAME]			MAA						_	
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TITLE	-		☐ Delete	TITL	1		•		Change	Addition	
NAME.			• • .	NAN							
STREET ADDRESS CITY+ST-ZIP	3.	· · · · · ·		CITY	EET ADDRESS: /- St-zip						
12. I hereby	certify that the inf	mation supplied with	n this filing does not qualify for	or the exe	emption stated in Se	ection 119.07(3)(i)	Florida Statutes. I	further cert	ify that the in	nformation	
indicated of the co	on this report or rporation or the re	rsupplemental report i edelver or trustee emp	s true and accurate and that oweled to execute his repor	my signa t as requ	ilure snall nave the ired by Chapter 60	same legal ellect 7, Florida Statutes	as it made under d ; and that my name	ain; inai i a appears in	i Block 10 oi	r Block 11 if	
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 tristee empoweed to execute his required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching with all address, with all other the empowered.											