

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90218 024 ***150.00

DOCUMENT # P04000141994 1. Entity Name AZIZ DISCOUNT BEAUTY SUPPLY #101, INC.					
Principal Place of Business 1551 NE 167TH STREET #601 N MIAMI BEACH, FL 33162			Mailing Address 1551 NE 167TH STREET #601 N MIAMI BEACH, FL 33162		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>854 E. OAKLAND PARK BLVD.</i> Suite, Apt. #, etc. City & State <i>OAKLAND PARK</i> Zip Country <i>33334 U.S.A</i>			
4. FEI Number 16-1711930		Applied For Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLAP, SK 1551 NE 167TH STREET #601 N MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLAP, SK 1551 NE 167TH STREET #601 N MIAMI BEACH, FL 33162	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUTY AFTER 1551 NE 167TH ST N MIAMI BEACH FL 33162	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATIN, RAQUIBUL 5300 NE 10 COURT PLANTATION, FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, MOHAMMED D 8811 SOUTHERN ORCHID RD DAVIE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>04/28/06</i> Daytime Phone: #		