

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014079

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: BEAUTY SUPPLY PLUS & DOLLAR STORE, INC.

## Current Principal Place of Business:

3105 S BABCOCK ST NE #H  
MELBORNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

5270 BABCOCK ST NE  
SUITE H  
PALM BAY, FL 32905

## New Mailing Address:

FEI Number: 34-2033347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LA GUERRE, ALLAIN  
5270 BABCOCK STREET NE  
SUITE 26  
PALM BAY, FL 32905 US

## Name and Address of New Registered Agent:

LA GUERRE, ALLAIN  
3150 BABCOCK ST  
SUITE H  
MELBOURNE, FL 32901 US

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.

SIGNATURE: ALLAIN LAGUERRE

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LAGUERRE, ALLAIN  
Address: 2400 WOODLAKE DR. APT. 203  
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete  
Name: LAGUERRE, CARLINE  
Address: 2400 WOODLAKE DR. APT. 203  
City-St-Zip: PALM BAY, FL 32905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LAGUERRE, ALLAIN  
Address: 1696 LA MADERIA DR  
City-St-Zip: PALM BAY, FL 32908

Title: D (X) Change ( ) Addition  
Name: LAGUERRE, CARLINE  
Address: 1696 LA MADERIA DR SW  
City-St-Zip: PALM BAY, FL 32908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAIN LAGUERRE

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date