

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-25-2006 90105 022 ***150.00

DOCUMENT # P05000113298 1. Entity Name SIMPLY ORGANICS BEAUTY PRODUCTS, INC.					
Principal Place of Business 1850 WEST MCNAB ROAD FT. LAUDERDALE, FL 33309			Mailing Address 1850 WEST MCNAB ROAD FT. LAUDERDALE, FL 33309		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04072006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 20-3311511	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLLE, ESQ, DENNIS J 2525 PONCE DE LEON BLVD. SUITE 400 CORAL GABLES, FL 33134				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 _____ (NOTE: Registered Agent signature required when registering) 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 FEROLA, FRANK F 1850 WEST MCNAB ROAD FT. LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FEROLA, FRANK F 1850 W MCNAB RD FT. LAUDERDALE, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEGEL, DAVID 1850 WEST MCNAB ROAD FT. LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SPIEGEL, DAVID 1850 W MCNAB RD FT LAUDERDALE, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, TERRY 1850 WEST MCNAB ROAD FT. LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAAS, TERRY 1850 W MCNAB RD FT LAUDERDALE, FL 33309	☒ 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 807, 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: _____ Tyler Kiester 4/12/06 954.971.0600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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