

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

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



03142007

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-3311511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLLE, ESQ, DENNIS J
2525 PONCE DE LEON BLVD. SUITE 400
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME FEROLA, FRANK F
STREET ADDRESS 1850 WEST MCNAB ROAD
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE DVPT
NAME SPIEGEL, DAVID
STREET ADDRESS 1850 WEST MCNAB ROAD
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE DS
NAME HAAS, TERRY
STREET ADDRESS 1850 WEST MCNAB ROAD
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000713254
04/26/07-80008-005 150.00

U00000716444
04/30/07-80008-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tyler Kriester 954.971.0600 3/19/07
David Spiegel 3/20/07