2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000131774

Entity Name

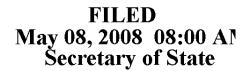
AC DISTRIBUTORS OF BEAUTY SUPPLIES, INC.



Principal Place of Business

2391 SW 36 AVENUE MIAMI, FL 33145 US Mailing Address

2391 SW 36 AVENUE MIAMI, FL 33145 US





DO NOT WRITE IN THIS SPACE

4. FEI Num

No Chg-P

CR2E034 (11/05)

4. FEI Number 04-3829661

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

NUNEZ, MARGARITA 2391 SW 36 AVENUE MIAMI, FL 33145					WRITE 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. Familiar with, and accept the obligations of registered agent. SIGNATURE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Foo will be \$550.00 Signature, typod or printed name of registered agent and the risable cable (NOTE Registered agent and the risable cable) 9. Election Campaign Finan Frust Fund Contribution			cing \$5.00 May Be Added to Fees		DATE+	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUNEZ, MARGARITA 2391 SW 36 AVENUE MIAMI, FL 33145 VP CAPELLAN, ALTAGRACIA 2391 SW 36 AVENUE MIAMI, FL 33145	CTORS		06/03	0000949731 708-80040-	012 150,00
TITLE NAME STREET ADDRESS CHY-ST-ZIP	S NUNEZ, JOSE RAFAEL 6445 SW 18 STREET MIRAMAR, FL 33023		DO	NOT	WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	MNGR FERREIRA, RAMONA 6445 SW 18 STREET MIRAMAR, FL 33023		IN	THIS	SPACE	
TITLE NAME STREET ADDRESS						

12. I nereby 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, empowyred 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/00

DayLma Phone #