

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000025349 1. Entity Name SISTER SISTER BEAUTY SUPPLIES INC	
---	---

Principal Place of Business 425 SW KAABE AVE PORT ST LUCIE, FL 34953 US	Mailing Address 425 SW KAABE AVE PORT ST LUCIE, FL 34953 US
---	---

DO NOT WRITE IN THIS SPACE

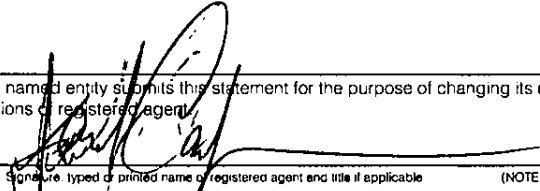
03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4343809	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAMPBELL, JANET
425 SW KAABE AVE
PORT ST LUCIE, FL 34953

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

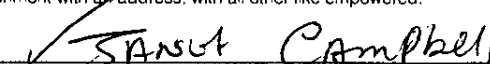
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAMPBELL, JANET
STREET ADDRESS	425 SW KAABE AVE
CITY-ST-ZIP	PORT ST LUCIE, FL 34953
TITLE	VP
NAME	CHIN, CECILE
STREET ADDRESS	731 E EVANSTON CIRCLE
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

00000025377
03/28/08-80010-008 150.00

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 # _____