JOHN A MAKRIS,CPA,PA Fax:5615722002 Apr

5/17/2007-90034-039-$158.75-$158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 OCT 16 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000026948

1. Entity Name
PARIS BEAUTY SUPPLY, INC.

Principal Place of Business	Mailing Address
8506 EAGLE RUN DRIVE BOCA RATON, FL 33434	8506 EAGLE RUN DRIVE BOCA RATON, FL 33434
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04252007 Chg-P CR2E034 (12/06)

4. FEI Number 20/4368551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERNAN & ASSOCIATES,INC
2298 NW BOCA RATON BLVD
SUITE 19
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name Emilio F Bresani

Street Address (P.O. Box Number is Not Acceptable) 64 S. Federal Hwy

City Boca Raton FL Zip Code 33432

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: ________ 04/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRESANI, EMILIO F 8506 EAGLE RUN DRIVE BOCA RATON, FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: ________ 04/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #