

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P06000031323

1. Entity Name  
MIAMI BATH AND BEAUTY PRODUCTS, INC



05-15-2007 90017 001 \*\*\*150.00

05-15-2007 90017 002 \*\*\*\*\*8.75

Principal Place of Business  
85 GRAND CANAL DRIVE  
#208  
MIAMI, FL 33144 US

Mailing Address  
P.O BOX 398522  
MIAMI BEACH, FL 33239 US



2. Principal Place of Business - No P.O. Box #  
20432 NE 16th place  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 398522  
Suite, Apt. #, etc.

05012007 Chg-P CR2E034 (12/06)

City & State  
North Miami - FL

City & State  
Miami Beach - FL

4. FEI Number  
33-1136285

Applied For  
Not Applicable

Zip  
33179

Country  
USA

Zip  
33239

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ANGELINI, CHRIS P  
888 BRICKELL DRIVE  
#605  
MIAMI, FL 33131

## 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

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	ANGELINI, CHRIS P	888 BRICKELL DRIVE #605	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

Chris Angelini (P) May 4/07 786-399-6554