


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-15-2007 90006 012 \*\*\*150.00

<b>DOCUMENT # P06000123542</b>	
1. Entity Name ACD OF BEAUTY SUPPLIES, INC.	

Principal Place of Business 10124 DEAN CHASE BLVD. ORLANDO, FL 32825 US	Mailing Address 10124 DEAN CHASE BLVD. ORLANDO, FL 32825 US
---	---

40113789



2. Principal Place of Business - No P.O. Box # 2391 S.W. 36 AV.	3. Mailing Address 2391 S.W. 36 AV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04302007 Chg-P CR2E034 (12/06)

City & State MIAMI FL.	City & State MIAMI FL.
Zip 33145	Country FL.
Zip 33145	Country FL.

4. FEI Number 20-5622713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JEREZ, ARLENE 10124 DEAN CHASE BLVD. ORLANDO, FL 32825	
7. Name and Address of New Registered Agent Name A.C.D. OF BEAUTY SUPPLIES Street Address (P.O. Box Number is Not Acceptable) 2391 SW. 36 AV. City MIAMI FL Zip Code 33145	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 JEREZ, ARLENE 10124 DEAN CHASE BLVD. ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGARITA NUÑEZ <input type="checkbox"/> Change <input type="checkbox"/> Addition 2391 S.W. 36 AV. MIAMI FL. 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NUNEZ, MARGARITA 2391 SW 36 AVENUE MIAMI, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARGARITA NUÑEZ 4/30/07 (305) 785-5793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #