

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-28-2008 90367 032 ***150.00

DOCUMENT # P07000046135

1. Entity Name
HAIR PRODUCTION BY BILLY SULLO INC.



Principal Place of Business
**2666 E OAK PARK BLVD
FT LAUDERDALE, FL 33306**

Mailing Address
**2666 E OAK PARK BLVD
FT LAUDERDALE, FL 33306**

66012293



2. Principal Place of Business - No P.O. Box #
2666 East Oak Park Blvd

3. Mailing Address
Same as above.

02292008 Chg-P CR2E034 (12/06)

City & State
FT Lauderdale FL

City & State
Same as above.

4. FEI Number
65-1301956

Applied For
☐ Not Applicable

Zip
33306

Country
USA

Zip
33306

Country
USA

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

6. Name and Address of Current Registered Agent
**SULLO, BILLY
3209 NE 36TH ST
FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent
Name
Billy Sullo
Street Address (P.O. Box Number is Not Acceptable)
2666 E Oak Park Blvd
City
FT Laud. FL Zip Code
33306

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 **Billy Sullo** (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLO, WILLIAM 3209 NE 38TH ST BLVD FT LAUDERDALE, FL 33308 <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	VPD TOPEL, SANDRA 700 NE 4TH ST BOCA RATON, FL 33432 <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
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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: **Sandra Topel** **SANDROTOPEL** **4/16/08** **954-652-0795**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR