

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100526

Entity Name: SBR BEAUTY INC

FILED
Mar 18, 2008
Secretary of State

Current Principal Place of Business:

2560 BEARSS AVE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

2560 BEARSS AVE
TAMPA, FL 33613

New Mailing Address:

FEI Number: 26-0885632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBASHITI, MOHAMMED
29441 CROSSLAND DR
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,O () Delete
Name: ALBASHITI, MOHAMMED
Address: 29441 CROSSLAND DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: O,T () Delete
Name: RUM, SAID
Address: 13303 N 53RD STREET
City-St-Zip: TAMPA, FL 33617

Title: O,S () Delete
Name: SARTAWI, YASIN
Address: 2107 RENNELAER DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: O () Delete
Name: BASHITI, EIMAN
Address: 1254 DAYFLOWER DR
City-St-Zip: TAMPA, FL 33647

Title: O () Delete
Name: HAMED, NADER
Address: 15215 LIVINGSTONE AVE APT 63
City-St-Zip: LUTZ, FL 33559

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: MUHIAR, MOHAMMAD
Address: 3604 PALEFACE PLACE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMED ALBASHITI

P

03/18/2008

Electronic Signature of Signing Officer or Director

Date