

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90036 009 \*\*\*150.00

**DOCUMENT # P94000049661**

1. Entity Name

B.S.K. BEAUTY SUPPLY, INC.



Principal Place of Business

1499 S.W. 30TH AVENUE, #24  
BOYNTON BEACH FL 33426

Mailing Address

1499 S.W. 30TH AVENUE, #24  
#6  
BOYNTON BEACH FL 33426



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0531098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENITSKY, BERNARD D  
1499 S.W. 30TH AVENUE, #24  
BOYNTON BEACH FL 33426

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00.**

**Make Check Payable to Florida Department of State**

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  
D  
WENITSKY, BERNARD D  
10710 FAIRMONT VILLAGE DR.  
LAKE WORTH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WENITSKY, LISA  
1725 PALM COVE BLVD.  
DELRAY BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernard Wenitsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day

7/26/07

ATTACHMENT 40127822

Dear Sir:

#P94000049661

I am sending you a check for \$10000.  
We never received the 2007 annual Corp.  
report document. We had to use last year  
document and change the date. Please note  
at the top of the document. Our record for  
prompt payment through the year is  
perfect. This is a very unusual happening.  
I'm sure it will never happen again.  
I'm thanking you in advance for your  
understanding.

Respectfully,  
Bernard Woodbury