


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90364 005 \*\*\*150.00

DOCUMENT # P96000055025	
1. Entity Name FAT BOY'S BEAUTY SUPPLY, INC.	

Principal Place of Business 3295 CENTRAL AVENUE ST PETERSBURG, FL 33713	Mailing Address 3295 CENTRAL AVENUE ST PETERSBURG, FL 33713
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2. Principal Place of Business - No P.O. Box # 301 34th St. North	3. Mailing Address 301 34th St. North
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg FL	City & State St. Petersburg FL
Zip 33713	Zip 33713
Country	Country



04172008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3388330	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 LEE, KEON K 3295 CENTRAL AVENUE ST PETERSBURG, FL 33713	
7. Name and Address of New Registered Agent Name KIM, KYUNG T. Street Address (P.O. Box Number is Not Acceptable) 301 34TH ST. North City St. Petersburg FL Zip Code 33713	

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.

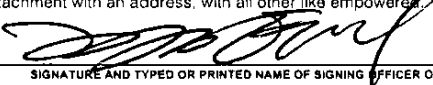
SIGNATURE  DATE 04-22-2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, KYUNG TAE 3295 CENTRAL AVENUE ST PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 34TH ST. N. St. Petersburg FL 33713
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
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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:  DATE 04-22-2008 TELEPHONE 727.333.1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR