

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000068697**

1. Entity Name  
**BUY RITE BEAUTY SUPPLY, INC.**



Principal Place of Business  
**7173 30TH AVE N  
SAINT PETERSBURG, FL 33710**

Mailing Address  
**7173 30TH AVE N  
SAINT PETERSBURG, FL 33710**



02042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3527839**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FINN, MICHAEL D  
12274 1ST ST. W., #3A  
TREASURE ISLAND, FL 33706**

**DO NOT WRITE  
IN THIS SPACE**

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 *Michael D Finn*  
**Michael D Finn**

(NOTE: Registered Agent signature required when reinstating)

**2/10/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FINN, MICHAEL D  
12274 1ST W #3A  
TREASURE ISLAND, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
MILETO-FINN, MARY  
122714 1ST ST W 3A  
TREASURE ISLAND, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/16/04-80058-022 150.00**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE: *Michael D Finn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #