

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90035 008 \*\*\*150.00

**DOCUMENT # P99000061036**

1. Entity Name  
**SOUTH BEAUTY SUPPLIES, INC.**



Principal Place of Business  
**2966 S.W. 8TH ST.  
MIAMI, FL 33135**

Mailing Address  
**2966 S.W. 8TH ST.  
MIAMI, FL 33135**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042005

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0934328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VIZCAYA, VICTOR  
2966 S.W. 8TH ST.  
MIAMI, FL 33135**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete  
NAME **VIZCAYA, VICTOR**  
STREET ADDRESS **2966 S.W. 8TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **D** ☐ Delete  
NAME **VIZCAYA, VICTOR**  
STREET ADDRESS **2966 S.W. 8TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **-** ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PRESIDENT*  
*VICTOR VIZCAYA*

*03/26/2005 (405) 649-6784*

Date

Daytime Phone #