

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90005 047 \*\*\*150.00

**DOCUMENT # P99000102803**

1. Entity Name  
**BEACHCOMBER HAIR SALON AND PERMANENT  
MAKE-UP, INC.**



Principal Place of Business

1285 N. OCEAN DR.  
SINGER ISLAND, FL 33404

Mailing Address

1285 N. OCEAN DR.  
SINGER ISLAND, FL 33404

**54063154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Singer Island, FL

Suite, Apt. #, etc.

Singer Island, FL

City & State

City & State

07122004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0989947

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEWART, JAMES M ESQ  
1211 THE PLAZA  
SINGER ISLAND, FL 33404-4740

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SHEPHERD, LYDIA D  
STREET ADDRESS 111 SHORE CT., APT. 313-C  
CITY-ST-ZIP N. PALM BEACH, FL 33408

TITLE D ☐ Delete  
NAME ESPINOZA, STEVEN  
STREET ADDRESS 111 SHORE CT., APT. 313-C  
CITY-ST-ZIP N. PALM BEACH, FL 33408

TITLE D ☐ Delete  
NAME ESPINOZA, ANDREW  
STREET ADDRESS 111 SHORE CT., APT. 313-C  
CITY-ST-ZIP N. PALM BEACH, FL 33408

TITLE D ☐ Delete  
NAME ESPINOZA, HECTOR  
STREET ADDRESS 111 SHORE CT., APT. 313-C  
CITY-ST-ZIP N. PALM BEACH, FL 33408

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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:

*Lydia Shepherd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 15*  
Date

*561 8631422*  
Daytime Phone #



**BEACHCOMBER  
BEAUTY SALON**

& PERMANENT MAKEUP

LYDIA SHEPHERD

1285 N. OCEAN BOULEVARD

SINGER ISLAND

FLORIDA 33404

PH: (561) 863-1422

Attachment

54063154

#P99000102803

Dear SIRS;

This is to inform to you that I have  
Not received Any Packet, Forms, or Letter from you. Please  
Accept my fee of \$1500. And NOTIFY me of Any Charges.

Thank you

Lydia Shepherd

*Attachment*

*540631574*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 12, 2004

BEACHCOMBER HAIR SALON AND PERMANENT MAKE-UP, INC.  
1285 N. OCEAN DR.  
SINGER ISLAND, FL 33404

SUBJECT: BEACHCOMBER HAIR SALON AND PERMANENT MAKE-UP, INC.  
Ref. Number: P99000102803

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 904A00044370