


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90085 050 ***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
--	--



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/05)

City & State	City & State	4. FEI Number 65-0989947	Applied For <input type="checkbox"/> Not Applicable
Zip 33404	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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	
TITLE D <input type="checkbox"/> Delete	NAME SHEPHERD, LYDIA D STREET ADDRESS 111 SHORE CT., APT. 313-C CITY-ST-ZIP N. PALM BEACH FL 33408
TITLE D <input type="checkbox"/> Delete	NAME ESPINOZA, STEVEN STREET ADDRESS 111 SHORE CT., APT. 313-C CITY-ST-ZIP N. PALM BEACH FL 33408
TITLE D <input checked="" type="checkbox"/> Delete	NAME ESPINOZA, ANDREW STREET ADDRESS 111 SHORE CT., APT. 313-C CITY-ST-ZIP N. PALM BEACH FL 33408
TITLE D <input type="checkbox"/> Delete	NAME ESPINOZA, HECTOR STREET ADDRESS 111 SHORE CT., APT. 313-C CITY-ST-ZIP N. PALM BEACH FL 33408
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Lydia Shepherd Vice President 1285 N. Ocean Dr. Singer Island, FL 33404 STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

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 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

1-29-06 (561)8631422
 Date Daytime Phone #