


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S03138		
1. Entity Name E.B. WAXING SUPPLY, INC.		

FILED
08 SEP 16 PM 4: 01
TALLAHASSEE, FLORIDA



Principal Place of Business 4970 SW 52ND STREET DAVIE, FL 33314 US	Mailing Address 4970 SW 52ND STREET DAVIE, FL 33314 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. SAME	3. Mailing Address Suite, Apt. #, etc. SAME
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09032008 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 65-0217681	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent MANNLEIN, STANLEY 4970 SW 52ND ST #321 DAVIE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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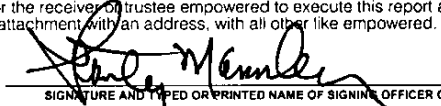
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	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 MANNLEIN, STANLEY 2854 #K STIRLING RD HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 60013610666 09/18/08--01049--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNLEIN, SUSAN 2854 #K STIRLING RD HOLLYWOOD, FL <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
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
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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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Stephen Garryn

Certified Public Accountant

68 SOUTH SERVICE ROAD, SUITE 100 • MELVILLE, NY 11747

(631) 752-8077

FAX (631) 465-2035

Florida Dept of State

~~Sept~~ 10, 2008

Re: E B Waxing Supply Inc

Please forgive late fee of \$400- as
We never received a Annual report form
to fill out & no notice was sent.

Thank You
~~Stephen~~ Garryn CPA
