

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S15234

1. Entity Name
THE BEAUTY COLLECTION, INC.



Principal Place of Business
**THE BEAUTY COLLECTION INC
4915-34TH ST. SO.
ST PETERSBURG, FL 33711 US**

Mailing Address
**THE BEAUTY COLLECTION INC
4915-34TH ST. SO.
ST PETERSBURG, FL 33711 US**

FILED
Jul 30, 2008 08:00 AM
Secretary of State



06102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3037998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GAYNAIR, COLIN A.
4371 34TH ST S
ST PETERSBURG, FL 33711**

**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 _____
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 12, 2008**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD GAYNAIR, COLIN A. 4371 34TH ST S ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GAYNAIR, PAULA C. 4371 34TH ST S ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000956684
07/30/08-B0003-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Colin A. Gaynar **COLIN A. GAYNAR.** 7-28-08 727-867-6979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #