


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V26359**  
1. Entity Name  
**AMMAR BEAUTY SUPPLY COMPANY, INC.**



Principal Place of Business      Mailing Address  
223 WEST KING STREET      223 W KING ST  
ST. AUGUSTINE, FL 32084      ST. AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**



04232004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3119281**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
AMMAR, LIVIA  
223 W. KING ST.  
SAINT AUGUSTINE, FL 32084

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

1100000133425  
04/27/04-80087-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AMMAR, JAMAL M. 223 WEST KING ST ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AMMAR, LIVIA F. 223 WEST KING ST ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:** *Livia Ammar*    *Livia Ammar*    4/23/04 (904) 829-6544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #