2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064129

Entity Name: BOWMAN BEAUTY & BARBER SUPPLY, INC.

FILED Apr 29, 2009 Secretary of State

and the Bottom	W DENOTT & BANDER COTTE	1, 1140.			
Current Principal Plac	New Prince	New Principal Place of Business:			
1395 BRICKELL AVE., 14TH FLOOR MIAMI, FL 33131			1850 WEST MCNAB ROAD FT. LAUDERDALE, FL 33309		
Current Mailing Addre	New Maili	New Mailing Address:			
1395 BRICKELL AVE., 14TH FLOOR MIAMI, FL 33131			1850 WEST MCNAB ROAD FT. LAUDERDALE, FL 33309		
FEI Number: 26-3910636	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
C T CORPORATION SY 1200 SOUTH PINE ISLA PLANTATION, FL 3332	AND ROAD		PHAN CO. ST MCNAB RO ERDALE, FL		
The above named entity in the State of Florida.	submits this statement for the p	urpose of changing	its registered	office or registered agent, or both,	
SIGNATURE: L. BRET	T BABB			04/29/2009	
Electro	nic Signature of Registered Age	nt		Date	
Election Campaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIREC	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	FEROLA, FRA 1850 WEST N		
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	SPINDLER, R 1850 WEST N		
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	GROSS, WIL 1850 WEST N		
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	BABB, BRETT 1850 WEST N		
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	BOWMAN, GE 1850 WEST N		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	L. BRETT BABB	SEC	04/29/2009