


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-23-2006 90010 020 ****55.00

DOCUMENT # L05000014719			
1. Entity Name CHIC SALON LLC			
Principal Place of Business 8423 NW 138 TERRACE 2804 MIAMI LAKES, FL 33016		Mailing Address 8423 NW 138 TERRACE 2804 MIAMI LAKES, FL 33016	
2. Principal Place of Business 5958 West 14th Lane		3. Mailing Address 5958 West 14th Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah Florida		City & State Hialeah Florida	
Zip 33012	Country Dade	Zip 33012	Country Dade
6. Name and Address of Current Registered Agent		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
VEGA, MIRELLA 8423 NW 138 TERRACE STE 2804 MIAMI LAKES, FL 33016		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name MIRELLA VEGA / Danilo A. VEGA SR.			
Street Address (P.O. Box Number is Not Acceptable) 5958 West 14th Lane			
City Hialeah		State FL	Zip Code 33012
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 <i>Mirella Vega</i>		DATE 8/1/06	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VEGA, MIRELLA 8423 NW 138 TERRACE STE 2804 MIAMI LAKES, FL 33016 (New address) <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Danilo A. VEGA SR 5958 West 14th Lane Hialeah FL 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager DIRECTOR VEGA MIRELLA 5958 West 14th Lane Hialeah FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(DANILO A. VEGA SR.) <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
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Mirella Vega</i>		DATE 8/1/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	