


FILED
Aug 29, 2006 8:00 am
Secretary of State

8/1

08-01-2006 90001 014 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000106515			
1. Entity Name FUTURE IMAGE BY SALLY INC.			
Principal Place of Business 16455 NW 67 AVE MIAMI LAKES, FL 33014		Mailing Address 16455 NW 67 AVE MIAMI LAKES, FL 33014	
2. Principal Place of Business <i>16455 NW 67 Ave</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami Lakes FLA</i>		City & State	
Zip <i>33014</i>		Country	
4. FEI Number <i>20-3306787</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEON, JORN 6175 NW 153 STREET SUITE 403 MIAMI, FL 33014		7. Name and Address of New Registered Agent Name: <i>Manuel Arocha</i> Street Address (P.O. Box Number is Not Acceptable): <i>16455 NW 67 Ave</i> City: <i>MIAMI LAKES</i> FLA Zip Code: <i>33014</i>	
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>[Signature]</i> DATE: _____ <small>Signature of person or registered agent or the filer (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	
NAME	AROCHA, ZENIADA		
STREET ADDRESS	1721 SW 97 TERR		
CITY - ST - ZIP	MIRAMAR, FL 33025		
TITLE	D	<input type="checkbox"/> Delete	
NAME	GONZALEZ, VANESSA		
STREET ADDRESS	1721 SW 97 TERR		
CITY - ST - ZIP	MIRAMAR, FL 33025		
TITLE	D	<input type="checkbox"/> Delete	
NAME	AROCHA, MANUEL		
STREET ADDRESS	1721 SW 97 TERR		
CITY - ST - ZIP	MIRAMAR, FL 33025		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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 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 trust empowered.			
SIGNATURE: <i>[Signature]</i> DATE: _____ Day: _____ Phone: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



07142008 Chg-P CR2ED34 (11/05)

NO MORE

[Handwritten signature]