


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90056 010 ***150.00

DOCUMENT # P05000106515

1. Entity Name
 FUTURE IMAGE BY SALLY INC.



Principal Place of Business Mailing Address

~~16455 NW 67 AVE.~~ ~~16455 NW 67 AVE~~
 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3382 SW HIMANGO ST **3382 SW HIMANGO ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

PORT ST LUCIE, FL **PORT ST LUCIE, FL**

Zip Country Zip Country

34953 **USA** **34953** **USA**

03062008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-3306787 Not Applicable

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

6. Name and Address of Current Registered Agent

AROCHA, MANUEL **3382 SW HIMANGO ST**
~~16455 NW 67 AVE~~ **PORT ST LUCIE, FL**
 MIAMI, FL 33014 **34953**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AROCHA, ZENIADA 3382 SW HIMANGO ST	
STREET ADDRESS	1721 SW 87 TERR	
CITY - ST - ZIP	MIRAMAR, FL 33025 PORT ST LUCIE, FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, VANESSA 3382 SW HIMANGO ST	
STREET ADDRESS	1721 SW 97 TERR	
CITY - ST - ZIP	MIRAMAR, FL 33025 PORT ST LUCIE, FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	AROCHA, MANUEL 3382 SW HIMANGO ST	
STREET ADDRESS	1721 SW 97 TERR	
CITY - ST - ZIP	MIRAMAR, FL 33025 PORT ST LUCIE, FL 34953	
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		
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 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:  **MANUEL AROCHA** 08/06/08 772-446-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #