

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-02-2007 90010 036 ***150.00

DOCUMENT # P05000165725 1. Entity Name SOPHIE L. SALON, INC.																																																																													
Principal Place of Business 677 NE 24TH STREET APT. 405 MIAMI FL 33137				Mailing Address 677 NE 24TH STREET APT. 405 MIAMI FL 33137																																																																									
2. Principal Place of Business - No P.O. Box # 677 NE 24th street Suite, Apt. #, etc. 405		3. Mailing Address 677 NE 24th street Suite, Apt. #, etc. 405		4. FEI Number 20-3999313																																																																									
City & State Miami FL		City & State Miami FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																									
Zip 33137		Country USA		6. Name and Address of Current Registered Agent LEAL, ZULMIRA 677 NE 24TH STREET APT. 405 MIAMI FL 33137																																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL		Zip Code FL																																																																											
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when transferring) DATE _____																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>LEAL, ZULMIRA</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>677 NE 24TH STREET APT. 405</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL 33137</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition		LEAL, ZULMIRA					STREET ADDRESS	677 NE 24TH STREET APT. 405		STREET ADDRESS			CITY- ST- ZIP	MIAMI FL 33137		CITY- ST- ZIP																																												
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																										
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																								
	LEAL, ZULMIRA																																																																												
STREET ADDRESS	677 NE 24TH STREET APT. 405		STREET ADDRESS																																																																										
CITY- ST- ZIP	MIAMI FL 33137		CITY- ST- ZIP																																																																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>25-01-07</u> 305 533 2016 Daytime Phone #																																																																										