

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147816

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: PARADIS BEAUTY SALON & SPA, INC.

**Current Principal Place of Business:**

7707 N.W. 103 STREET  
SUITE 203  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

7707 N.W. 103 STREET  
SUITE 203  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

FEI Number: 36-4598007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUBAS, ARIEL  
7707 N.W. 103 STREET  
SUITE 203  
HIALEAH GARDENS, FL 33016 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,S, ( ) Delete  
Name: CUBAS, ARIEL  
Address: 7707 N.W. 103 STREET SUITE 203  
City-St-Zip: HIALEAH GARDENS, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: CUBAS, ARIEL  
Address: 7707 N.W. 103 STREET SUITE 203  
City-St-Zip: HIALEAH GARDENS, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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: ARIEL CUBAS

PST

04/23/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date