

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90012 007 ***150.00

DOCUMENT # P05000078632 1. Entity Name 2 EXTREME BEAUTY SALON INC					
Principal Place of Business 8380 N FLORIDA AVE TAMPA, FL 33604			Mailing Address PO BOX 13278 TAMPA, FL 33681		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2029 Shelbourne Ct Suite, Apt. #, etc.			
City & State Zip Country		City & State Wesley Chapel FL Zip Country 33543		4. FEI Number 20-2924887 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent KURAL, CARLO 8380 N FLORIDA AVE TAMPA, FL 33604			7. Name and Address of New Registered Agent Name Kural, Carlo Street Address (P.O. Box Number is Not Acceptable) 2029 Shelbourne Ct City Wesley Chapel FL Zip Code 33543		
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 1-24-06 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D KURAL, CARLO 8370 N FLORIDA AVE TAMPA, FL 33604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D KURAL, CARLO 2029 Shelbourne Ct Wesley Chapel FL 33543
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:			1-24-06 813-714-6273 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					