

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050878

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** NOTHING BUT CLASS FULL SERVICE SALON, INC.

**Current Principal Place of Business:**

3948 B PEMBROKE ROAD CENTER BAY #109B  
PEMBROKE PARK, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

3948 B PEMBROKE ROAD CENTER BAY #109B  
PEMBROKE PARK, FL 33023

**New Mailing Address:**

**FEI Number:** 14-2000499      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GORDON, DEBORAH  
3802 SW 52 AVE  
PEMBROKE PARK, FL 33023      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: D ( ) Delete  
Name: GORDON, DEBORAH  
Address: 3802 SW 52 AVE  
City-St-Zip: PEMBROKE PARK, FL 33023

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: ROPER, ARIEL N  
Address: 3802 SW 52 AVE  
City-St-Zip: PEMBROKE PARK, FL 33023 US

Title: O ( ) Change (X) Addition  
Name: ROPER, VALENCIA A  
Address: 3802 SW 52 AVE  
City-St-Zip: PEMBROKE PARK, FL 33023 US

I hereby certify that the information supplied with this filing does not qualify 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:** DEBORAH GORDON

D

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date