2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

ANNOAL ILLI VIII				Secretary of State				
DOCUMENT # P07000045315 1. Entity Name				04-28-2008 90384 019 ***150.00				
ACTION	BEAUTY SALON INC							
Principal Place of Business		Mailing Address		7				
6050 NW 27TH AVE		6050 NW 27TH AVE						
MIAMI, FL 33142 US		MIAMI, FL 33142 US			KI 48611 88M1 88H1 88H	N 8811 B/P4: 4118 (1184 days		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number	3114		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of		\$8.75 Add	litional	
6. Name and Address of Current Registered Agent				7. Name and Ad	dress of New R	egistered Agent		
סבטטע בו	NANCIAL PEDVICER II C	Name						
DERHY FINANCIAL SERVICES LLC 99 NW 183RD ST 138			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33169								
			City			FL Zip Code	e	
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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE 1S \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5. Trust Fund Contribution.								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CH	IANGES TO OFFI	ICERS AND DIRECTORS	S IN 11	
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	MCCLAIN, CHRISTOPHER NAM		NAME					
STREET ADDRESS CITY-ST-ZIP	17666 SOUTHWEST 20TH STR	STREET ADDRESS						
TITLE	MIRAMAR, FL 33029		CITY-ST-ZIP					
NAME	WIGGINS, ALEXANDRIA	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	6050 NW 27TH AVE		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-2IP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		- .	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	<u></u>		☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME			- arrange		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
	certify that the information supplied with	this filing does not qualify for	CITY-\$1-ZIP	ed in Chanter 110 E	Inrida Statutas II	further earlies that the !=	formation	
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that my	reignature chall have the	eame local offect of	onua Sidiules. I l	runner certify that the in	HOTTHATION	

12. Thereby certify that the information supplied with this filling 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 truetee 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: 🗘

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

04/10/08

Daytime Phone #