2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 01, 2006 8:00 am Secretary of State **DOCUMENT # 331464** 03-01-2006 90037 006 ***150.00 SALON DE ELEGANCIA INCORPORATED Principal Place of Business Mailing Address 2121 N OCEAN BLVD APT 10607W 2121 N OCEAN BLVD APT 10607W BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) City, & State City & State 4. FEI Number Applied For 59-1218922 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BALDWIN, JEANETTE T** Street Address (P.O. Box Number is Not Acceptable) 2121 N OCEAN BLVD #1607 W. **BOCA RATON FL 33401** City Zip Code 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 2-10-06 (NOTE: Registered Agent signature required when reinstaling) ure, typed or printed name of registered a light and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition THE Delete BALDWIN, JEANETTE T NAME STREET ADDRESS 2121 N. OCEAN BLVD. STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Defete

SIGNATURE

TITLE NAME

STREET ADDRESS

2-10-06 561-395-4913

☐ Change

Addition

FILED