2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Mar 11, 2005 08:00		
DOCU	IMENT # 359775]	Secr	etary of State
1. Entity Nan	me BEAUTY SALON, INC.					
	seriori oricon, mo.					
Principal Plac	ce of BusinessN	Mailing Address		i	÷	
872 N E 12: N MIAMI, FL		872 N E 125TH ST N MIAMI, FL 33161				
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DO NOT WRITE IN THIS SPACE			^=	03052005	No Chg-P	CR2E034 (10/03)
			UE	4. FEI Number 50_120108	02	Applied For
				59-129108 5. Certificate of St		Not Applicable \$8.75 Additional
<u> </u>	6. Name and Address of Current Regis	etered Agent	 	5. Carminata or or	ratus Desired (Fee Required
		areles dans	<u> </u>		. 2 2/2	•
LEFFLER, JANICE B 872 NE 125 ST			 	DO N	OT WR	ITE
MIAMI, FL 33161				IN TH	HS SPA	CE
8. The above the obligat	a named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or register	ed agent, or both, in	the State of Florida	. I am familiar with, and accept
_	-					
SIGNATURE	Signature, typed or printed name of registered agent and little	if applicable. (NOTE: Registere	d Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees	- -	
10	OFFICERS AND DIRE	CTORS			**** · · · · · · · · · · · · · · · · ·	The second secon
TITLE NAME	V LEFFLER, BRUCE		· · · · · · · · · · · · · · · · · · ·	5. 11.		
STREET ADDRESS	8636 VIA GIARDINO					
CITY-ST-ZIP	BOCA RATON, FL 33433			· 	 <u></u>	
NAME	LEFFLER, JANICE BATEMAN		[r"s	U0000025	9362
STREET ADDRESS CITY-ST-ZIP	8636 VIA GIARDINO BOCA RATON, FL 33433		ł	i_l.	ימע בנו / 11 ו / גי	022-002 150.00
TIMLE	D		<u> </u>			
NAME STREET ADDRESS	BOLLES, MARSHA 5989 BUENA VISTA COURT					
CITY-ST-ZIP	BOCA RATON, FL			DO N	OT WR	ITE
TITLE			<u> </u>	IN TH	IIS SPA	CF
NAME STREET ADDRESS		:		# # # # # # # # # # # # # # # # # # #	(1967 - 1967 - 1968)	
CITY-ST-ZIP						
title Name					•	
STREET ADDRESS			į			
CITY-ST-ZIP			the residence of the second se	· · · · · · · · · · · · · · · · · · ·	As-rame	
TITLE NAME						
STREET ADDRESS	-		i			+

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 without address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

305 895-1802