

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 436366

FILED  
Sep 09, 2005  
Secretary of State

Entity Name: INNOVATIONS BEAUTY SALON, INC.

**Current Principal Place of Business:**

6340 SW 40 STREET  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6340 SW 40 STREET  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 59-1501683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JORGE ESPINOSA  
6340 SW 40 STREET  
MIAMI, FL 33155 US

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

MARIA M. ESPINOSA  
6340 SW 40 STREET  
MIAMI, FL 33155 US

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: MARIA M. ESPINOSA

09/09/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ESPINOSA,JORGE,  
Address: 6340 SW 40 STREET  
City-St-Zip: MIAMI, FL

Title: VP (X) Delete  
Name: ESPINOSA,MARIA,  
Address: 6340 SW 40 STREET  
City-St-Zip: MIAMI, FL

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

Title: PD (X) Change ( ) Addition  
Name: ESPINOSA, MARIA M.,  
Address: 6340 SW 40 STREET  
City-St-Zip: MIAMI, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA M. ESPINOSA

PD

09/09/2005

Electronic Signature of Signing Officer or Director

Date