

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 500636 1. Entity Name CENTURY PLAZA BEAUTY SALON, INC.	
--	---

Principal Place of Business 1812 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442-1402	Mailing Address 1812 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442-1402
--	--



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1668113	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent FERNANDEZ, ANA 4854 ALFRESCO ST. BOCA RATON, FL 33433
--

**DO NOT WRITE
IN THIS SPACE**

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 NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FERNANDEZ, ANA 4854 ALFRESCO STREET BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000541605
05/10/06-80061-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE: Ana M Fernandez ANA FERNANDEZ 4/24/06 954-427 0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #