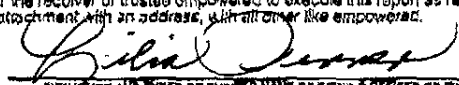


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 676127 1. Entity Name SMILE BEAUTY SALON, INC.			
Principal Place of Business 80 MIRACLE MILE CORAL GABLES, FL 33134		Mailing Address 80 MIRACLE MILE CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent FERRER, LILIA 8471 S.W. 37 ST. MIAMI, FL 33155		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 substituting)		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		U00000518420 05/02/06-80011-013 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD FERRER, LILIA 8471 S.W. 37 ST. MIAMI, FL	DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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: 		PRESIDENT 305-477-2939	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Day One Page 11	