


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90051 004 ***150.00

DOCUMENT # J36160			
1. Entity Name CHEZ LA FEMME BEAUTY SALON, INC.			
Principal Place of Business % CINDY L. HAMPSON 676 US 41 BYPASS NORTH VENICE, FL 34292-1041 <i>Cindy Hayden</i>		Mailing Address % CINDY L. HAMPSON 676 US 41 BYPASS NORTH VENICE, FL 34292-1041 <i>Cindy Hayden</i>	
2. Principal Place of Business - No P.O. Box # <i>225 Miami Ave W #3</i>		3. Mailing Address <i>225 Miami Ave W</i>	
Suite, Apt. #, etc. <i>3</i>		Suite, Apt. #, etc. <i>3</i>	
City & State <i>Venice FL</i>		City & State <i>Venice FL</i>	
Zip <i>34285</i>	Country <i>SARASOTA</i>	Zip <i>34285</i>	Country <i>SARASOTA</i>
6. Name and Address of Current Registered Agent HAYDEN, CINDY L 395 RALLUS ROAD VENICE, FL 34293		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HAYDEN, CINDY L 395 RALLAS ROAD VENICE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Cindy L Hayden</i>		1/23/08 941-488-7355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40011720



01162008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2718992
Applied For
Not Applicable

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