2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/26/2008-90004-010-$61.25-$61.25

DOCUMENT # N07000000019

1. Entity Name
PERFECT LOOK INTERNATION, INC

FILED
08 MAR 12 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2120 MEADOWLANE AVE. MELBOURNE, FL 32904	P.O. BOX 100433 PALM BAY, FL 32910

02182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
641 Xavier Ave Suite, Apt. #, etc.	P.O. Box 100433 Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Palm Bay, FL
Zip: 32901 Country:	Zip: 32910 Country:

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMBERT, ALANA S 2120 MEADOWLANE AVE MELBOURNE, FL 32904	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMBERT, ALANA S 2120 MEADOWLANE AVE. PALM BAY, FL 32904	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RAPHEAL, PAMELA E 326 BRECKENRIGE CIR S.E. PALM BAY, FL 32909	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOODE, EMBRA W 641 XAVIER AVE. MELBOURNE, FL 32901	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SALAZAR, RITA 326 BRICKENRIGE CIR PALM BAY, FL 32909	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 617, 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: _____ 2-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #