

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

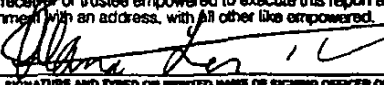
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000000019			
1. Entity Name PERFECT LOOK INTERNATIONAL, INC			
Principal Place of Business 2120 MEADOWLANE AVE. MELBOURNE, FL 32904		Mailing Address P.O. BOX 100433 PALM BAY, FL 32910	
2. Principal Place of Business - No P.O. Box # 641 Xavier Ave.		3. Mailing Address P.O. Box 100433	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State Palm Bay, FL	
Zip 32901		Zip 32910	
Country		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 LAMBERT, ALANA S 2120 MEADOWLANE AVE. MELBOURNE, FL 32904		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 retreating) 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAPHEAL, PAMELA E 326 BRECKENRIDGE CIR S.E. PALM BAY, FL 32909 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODE, EMBRA W 641 XAVIER AVE. MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALAZAR, RITA 326 BRECKENRIDGE CIR PALM BAY, FL 32909 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		2-27-08	
SIGNATURE AND TYPED OR PRINTED NAME OF EACHING OFFICER OR DIRECTOR		Date Daytime Phone #	