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May 05, 2006 8:00 am
Secretary of State

05-05-2006 90183 002 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000021976			
1. Entity Name INTERNATIONAL AMERICAN ACADEMY OF COSMETOLOGY, INC.			
Principal Place of Business 8000 N.W. 31ST STREET SUITE #9 MIAMI, FL 33122 US		Mailing Address 8000 N.W. 31ST STREET SUITE #9 MIAMI, FL 33122 US	
2. Principal Place of Business 7737 N.W. 41ST		3. Mailing Address 638	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL		City & State DORAL	
Zip 33178	Country Miami	4. FEI Number 65-1010579	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PEREZ-CONDE, ISIDRO 10305 NW 41ST #120 MIAMI, FL 33178		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 status is required when initial filing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ-CONDE, ISIDRO 5300 NW 224 AVE., SUITE 109 MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 110, 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: Isidro Perez		04/28/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	