

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000059466

Entity Name: COLOR N MORE SALON, INC.

FILED
Feb 01, 2008
Secretary of State

Current Principal Place of Business:

1757 W FLETCHER AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1757 W FLETCHER AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3656162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECAPRIO, MELODY
1757 W FLETCHER AVE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

GUERRA, TRACY
1757 W FLETCHER AVE
TAMPA, FL 33612 US

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.

SIGNATURE: TRACY GUERRA

02/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DECAPRIO, MELODY
Address: 1757 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUERRA, TRACY
Address: 1757 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

Title: D () Change (X) Addition
Name: GUERRA, JANICE
Address: 1757 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY GUERRA

D

02/01/2008

Electronic Signature of Signing Officer or Director

Date