2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071198

Entity Name: LISA NICOLE'S SALON, INC.

CORAL SPRINGS, FL 330672056

City-St-Zip:

FILED Feb 18, 2005 Secretary of State

-		,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11570 WIL SUITE 5	ES ROAD				
	PRINGS, FL 3	3076			
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
	FICE BOX 982 PRINGS, FL 3				
FEI Number:	: 65-1034610	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
GOUZ, LO 7522 WILE SUITE 102 CORAL SF	ES ROAD	30672056 US			
	named entity e of Florida.	submits this statement for th	e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered A	Agent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (GOUZ, LISA N 11570 WILES CORAL SPRIN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	GOUZ, LOUIS) Delete OAD, SUITE 102	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUIS GOUZ DVPS 02/18/2005