

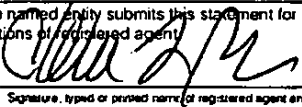



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/29/2005-90146-014-\$150.00-\$150.00

<b>DOCUMENT # P00000078812</b> 1. Entity Name <b>THE FIRM UNISEX SALON &amp; DAY SPA, P.A.</b>						<b>FILED</b> <b>05 SEP 19 AM 8:40</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>9827 SW 184 ST MIAMI FL 33157</b>				Mailing Address <b>9827 SW 184 ST MIAMI FL 33157</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-1043302</b>						<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WHITAKER, J. MICHELLE 9940 JAMAICA DR MIAMI FL 33189</b>				7. Name and Address of New Registered Agent Name <b>ELANA L. BURNES</b> Street Address (P.O. Box Number is Not Acceptable) <b>21850 SW 118 AVE</b> City <b>MIAMI</b> FL Zip Code <b>33170</b>			
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 a registered agent. SIGNATURE  DATE <b>8/24/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURNES, ELANA</b> <b>21850 SW 118 AVE</b> <b>GOULDS FL 33170</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROBINSON, ERICA</b> <b>10012 SW 223 TERR</b> <b>MIAMI FL 33157</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAREY, CANDICE</b> <b>10341 SW 146 ST</b> <b>MIAMI FL 33176</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 attached page with an address, with all other like empowered.							
SIGNATURE:  <b>ELANA L. BURNES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>8/24/05</b> 305 282-4213 <small>Date Daytime Phone</small>			

# THE FIRM SALON & DAY SPA

9827 SW 184<sup>TH</sup> ST  
MIAMI, FL 33157  
Ph: 305-255-2478

**Date:** September 14, 2005

**To:** Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**From:** The Firm Salon & Day Spa

**Re:** P00000078812

This memo is to inform you, this corporation did not receive the annual report notice.

Please contact me at 305-255-2478.

Thank you,

ERANA BURNES

