## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P00000096438**

SHAMPOO INTERNATIONAL CORPORATION



**FILED** Apr 27, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

**401 BISCAYNE BLVD** MIAMI, FL 33172

BAYSIDE MARKETPLACE 401 BISCAYNE BLVD

MIAMI, FL 33132



## DO NOT WRITE IN THIS SPACE

No Chg-P 04182006

CR2E034 (11/05)

4. FEI Number 65-1047344 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURI, CESAR 18798 NW 78TH PL MIAMI, FL 33015

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title II applicable. (NOTE Registered.)				Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	######################################
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CURI, CESAR 18798 NW 78TH PL MIAMI, FL 33015				· · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with this f	filling does not qualify for the ext	emptions co	ntained in Chapter 1	19, Florida Statutes. I further certify that the information fect as if made under oath; that I am an officer or director

of the corporation or the receiver of tustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR