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

SIGNATURE:

## Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P00000107716 1. Entity Name EDITA'S BEAUTY SALON & SPA, INC. Principal Place of Business Mailing Address 11980 S.W. 8TH STREET, #8 11980 S.W. 8TH STREET, #8 MIAMI, FL 33184 MIAMI, FL 33184 03162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1060002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANCHEZ, EDITA DO NOT WRITE 11980 SW 8TH STREET #8 MIAMI, FL 33184 IN THIS SPACE 3. 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. U00000495823 SIGNATURE Signature, typed or printed name of registered agent and title if applicable <del>04/21/06-8002<u>6</u> 003 **8.** 75</del> (NOTE: Registered Agent signature required when ministering) 2. Election Campaign Financing \$5.00 May Be FILE NOWIL FES IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000495823 Trust Fund Contribution. Added to Fees 04/21/06-80026-004 150.00 OFFICERS AND DIRECTORS 10. TITLE PSD NAME SANCHEZ, EDITA 11980 SW 8TH STREET. #8 STREET ADDRESS. CITY-ST-ZIP MIAMI, FL 33184 RITLE NAME STREET ADDRESS CITY-ST-ZIP 3313 F NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ance NAME STREET ADDRESS CITY-ST-IV 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath; that I am an officer or directly of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 10 or Block 11.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**