2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 14, 2005 08:00 AM DOCUMENT # P01000007262 **Secretary of State** 1. Entity Name SANDY'S INTERNATIONAL SALON & DAY SPA, INC. Mailing Address Principal Place of Business 3525 BOYNTON BEACH BLVD BOYNTON BEACH FL 33436 3525 BOYNTON BEACH BLVD **BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FE! Number 65-1081320 Not Applicable Ζīρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KALEEL, KENNETH M ESQ Street Address (P.O. Box Number is Not Acceptable) KALEEL & ASSOCIATES 555 N CONGRESS AVE, STE 301 **BOYNTON BEACH FL 33246** City Zip Code 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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE TITLE ☐ Change Addition Delete NAME LEE, SANDRA 8 MAME STREET ADDRESS STREET ADDRESS 17 CHELSEA LN CITY-ST-ZIP CITY SI - ZIP **BOYNTON BEACH FL 33426** TITLE Change ☐ Addition TITLE Delete 02/14/05-80029-012 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP Addition Defete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZP CITY - ST - ZIP $nn_{\mathcal{E}}$ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition mee ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 attachment with an address, with all other like empowered.

SANDKAB, LOS