


FILED
Apr 09, 2007 8:00 am
Secretary of State

03-15-2007 90027 040 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

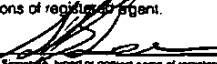
DOCUMENT # P01000007262		
1. Entity Name SANDY'S INTERNATIONAL SALON, INC.		
Principal Place of Business 3525 BOYNTON BEACH BLVD BOYNTON BEACH, FL 33436	Mailing Address 3525 BOYNTON BEACH BLVD BOYNTON BEACH, FL 33436	
DO NOT WRITE IN THIS SPACE		

66008590




02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1081320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KALEEL, KENNETH M ESQ KALEEL & ASSOCIATES 555 N CONGRESS AVE, STE 301 BOYNTON BEACH, FL 33246	DO NOT WRITE IN THIS SPACE
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  President 3-7-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEE, SANDRA B 17 CHELSEA LN BOYNTON BEACH, FL 33426
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DO NOT WRITE IN THIS SPACE	

12. I hereby certify that the information supplied with this filing 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 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.	
SIGNATURE: 	<small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
	<small>Date Daytime Phone #</small>