## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 Al Secretary of State

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DOCUMENT # P01000054209				Secretary of State	
1. Entity Name					
GLAMOU	IR CUT BEAUTY SALON, IN	C.		<b>/</b>	
	· · · · · · · · · · · · · · · · · · ·		TEST STATES		
Principal Plac	e of Business	Mailing Address		7	
1401 E VINE		2169 MALLARD CREEK			
KISSIMMEE,	FL 34743	KISSIMMEE, FL 34743			
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_	A NOT MOITE	IN THE COA	^F	04042006 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			しに	4. FEI Number Applied For	
				59-3719232 Not Applicable 5 Cartificate of Status Desired S \$8.75 Additional	
		w **	ł.	5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current F	Registered Agent	<u> </u>		
CAMACHO CERABROS				DO MOT MINITE	
CAMACHO, GERARDO L 2169 MALLARD CREEK			DO NOT WRITE		
KISSIMMEE, FL 34743				IN THIS SPACE	
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
are obrigations or registered agonit.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE					
Official of Maria Control of the Con					
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina     Trust Fund Contribution.		5.00 May Be U00000520697	
	ay 1, 2006 Fee will be \$550.0	9		05/02/06-80107-003 150.00	
10.	OFFICERS AND E	DIRECTORS	-1	·	
TITLE .	CAMACHO, GERARDO L		1		
STREET ADDRESS	·				
CITY-ST-ZIP	KISSIMMEE, FL 34743	<u>, , , , , , , , , , , , , , , , , , , </u>	1		
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THILE			1		
NAME STREET ADDRESS		_	1		
CITY-ST-73P		<b>α</b> Λ	1	· · · · · · · · · · · · · · · · · · ·	
12. I hereby o	certify that the information supplied with	his filing does not qualify for the ex	emptions contained	d in Chapter 119, Florida Statutes. Lifurther certily that the information	
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 accurateland that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee employeered by 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 giver like employeered.					
changed, or on an attachment with an address, with all giver like empowered.					
SIGNATURE: 4/15/06 401-301-3033					
	BIGRATURE AND TYPED OR PE	NAME OF STONING OFFICER OR DIREC	TOR	Date Daytime Phone #	