## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2006 8:00 am Secretary of State 05-04-2006 90195 044 \*\*\*150.00

DOCUMENT # P01000077288  1. Entity Name WAX HAIR NAIL SECRETS INC						)3-04-2000 <del>9</del>	0193 044 ***130.	.00
Principal Place	e of Business	Mailing Address	•					
2851 W 68 ST #9			8901 NORTH WEST 114TH STREET HIALEAH GARDENS, FL 33018		40082606			
HIALEAH, FL 33016						181 JANA BERN BRIN ONN	 	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03232006	Chg-P	CR2E034 (11/05)	
City & State		City & State	City & State		4. FEI Number 65-11366	354	— — — — — — — — — — — — — — — — — — —	pplied For at Applicable
Zip Country		Zip	Country		5. Certificate of	Status Desired	S8.75 Add	
	6. Name and Address of C	urrent Registered Agent			7. Name and A	ddress of New R	legistered Agent	
DENGRA	EDELIA			Name				
DENGRA, EDELIA 8901 NORTH WEST 114TH STREET HIALEAH GARDENS, FL 33018				Street Address (P.O. Box Number is Not Acceptable)				
<b>≥</b>			City				FL Zip Code	e
8. The above	named entity submits this state	ment for the purpose of changing	its register	ed office or register	red agent, or both,	in the State of Flo	orida. I am familiar with,	and accept
		· Damana	Į	delia	DENGAL	1	4-27-05	
SIGNATURE_	Signardes typed or printed pame of register	red agost and Mile if applicable. (W	OTE: Registere	d Agent signature required	s ween reinstelling)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					.00 May Be			
After Ma	ay 1, 2006 Fee will be	550.00 Trust Fund Co	ntribution.	L Add	led to Fees			
After Ma	ay 1, 2006 Fee will be \$	S AND DIRECTORS	11.		led to Fees	HANGES TO OFF	FICERS AND DIRECTORS	
After Ma	ay 1, 2006 Fee will be \$	\$550.00 Trust Fund Co			led to Fees	HANGES 1'O OFF	FICERS AND DIRECTORS	S IN 11
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I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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.