


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/ FILED  
Aug 11, 2006 8:00 am  
Secretary of State

05-01-2006 90355 028 \*\*\*150.00

<b>DOCUMENT # P01000082253</b>					
1. Entity Name VIP HAIR SALON, INC.					
Principal Place of Business 509 S. 21 AVENUE HOLLYWOOD, FL 33020			Mailing Address 509 S. 21 AVENUE HOLLYWOOD, FL 33020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1156484	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARUCCI, PATRICIA 509 S. 21 AVENUE HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Patricia Marucci</i> DATE 05-20-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARUCCI, PATRICIA 720 SW 6TH AVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Patricia Marucci</i>			08/7/06 (305) 4096855		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

66022972



04122006 Chg-P CR2E034 (11/05)

Please, Send me. the mail. at my Home address  
720 SW 6<sup>th</sup> Ave  
Hallandale, FL 33009.

# ATTACHMENT

66022972

August 07, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

Reference # P01000082253

To whom it may concern,

This letter is to ask you to waive the \$400.00 (Four hundred dollars) re-instatement fee for the filing of my annual report/uniform business report. I have already filed my report in a timely manner and also sent the check for \$150.00 (One hundred fifty dollars) which you have already cashed. The form was signed at the top but I overlooked signing it at the bottom. I sub-let from Body Spa One P, Inc. The form was sent to her address and she did not mail it to me until July 29, 2006 (see copy of the envelope I have enclosed with this letter). I appreciate your understanding of this oversight and hope you see fit to re-instate my corporation.

Sincerely yours,

  
Patricia Marucci

ATTACHMENT

66022972  
#P01060082253

REDY'S ONE P, INC.  
P.O. BOX 398522  
MIAMI BEACH FL, 33239

29 JUL 2006 PM

MIAMI FL 33139



Patricia Mauer

720 SW 6th

Hallandale-FL, 33009

33009+6303 Hallandale, FL 33009