2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2006 08:00 AM DOCUMENT # P01000114140 1. Entity Name **Secretary of State** ARLEN HOUSE UNISEX HAIR SALON INC Mailing Address Principal Place of Business 300 BAYVIEW DRIVE SUNNY ISLES BEACH FL 33160 300 BAYVIEW DRIVE SUNNY ISLES BEACH FL 33160 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 65-1156603 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name AGOSTO, NANCY Street Address (P.O. Box Number is Not Acceptable) 300 BAYVIEW DRIVE SUNNY ISLES BEACH FL 33160 Zip Code City 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, types in practice name of registered agent and like it applicable STAG (NOTE: Registored Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Additiv TITLE Detete THE MAME 000000449312 WAME MAYA, ANA STREET ADDRESS 03/09/08-80050-006 150.00 STREET ADDRESS 300 BAYVIEW DR CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 Additio. ☐ Change THE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zir ☐ Change ☐ Addiso ☐ Detote TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CCCY-ST-ZIP CITY-ST-ZIP ☐ Change min son ☐ Detete TITLE DILE NAME NAME STHELT ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change □ M:# TITLE ☐ Oelete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-\$7-ZIP CITY-ST-ZIP ■ Additi Change TITLE Delete TITLE NAME A)AMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CKTY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

lina bl. paya

02/23/06

FILED