


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P01000117682
1. Entity Name
LUCKY CHARM BEAUTY SALON, INC.



Principal Place of Business 4843 N.W. 183RD STREET CAROL CITY, FL 33055	Mailing Address 4843 N.W. 183RD STREET CAROL CITY, FL 33055
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1157145	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

CARTER, AVRIL VERONICA
4843 N.W. 183RD STREET
CAROL CITY, FL 33055

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000728851
05/08/07-80015-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, AURIL V 4843 N.W. 183RD STREET CAROL CITY, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLORY, DANNETTE S 4843 N.W. 183RD STREET CAROL CITY, FL 33055
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: x *Walter* *AVRIL W. CARTER* 4/18/07 (305) 620-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #