


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90067 041 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04172008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-1157145	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARTER, AVRIL VERONICA 4843 N.W. 183RD STREET CAROL CITY, FL 33055			Name WILLORY, AVRIL VERONICA		
			Street Address (P.O. Box Number is Not Acceptable) 4843 N.W. 183RD STREET		
			CITY-STATE-ZIP CAROL CITY, FL 33055-2955		
			City CAROL CITY		
			State FL		
			Zip Code 33055		
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: X <i>Willory</i> DATE: x 4-17-08					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, AVRIL V		NAME	WILLORY, AVRIL VERONICA	
STREET ADDRESS	4843 N.W. 183RD STREET		STREET ADDRESS	4843 N.W. 183RD STREET	
CITY-ST-ZIP	CAROL CITY, FL 33055		CITY-ST-ZIP	CAROL CITY, FL 33055-2955	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLORY, DANNETTE S		NAME		
STREET ADDRESS	4843 N.W. 183RD STREET		STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY, FL 33055		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLORY, OWEN		NAME		
STREET ADDRESS	4843 N.W. 183RD STREET		STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY, FL 33055		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <i>Willory</i>			Date: x 4-17-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 305-620-7008		