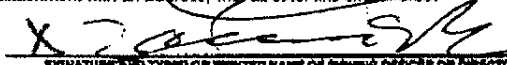


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000014919					
1. Entity Name CAPELO NAIL BEAUTY SALON, INC.					
Principal Place of Business 16100 COLLINS AVE STE 104 SUNNY ISLES, FL 33160			Mailing Address 16100 COLLINS AVE STE 104 SUNNY ISLES, FL 33160		
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 03-0379968				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VARGAS, ALVARO Z 16100 COLLINS AVE STE 104 SUNNY ISLES, FL 33160			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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	VARGAS, ALVARO Z	NAME			
STREET ADDRESS	16100 COLLINS AVE STE 104	STREET ADDRESS	000000564345		
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	05/20/06-80060-010 150.00		
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	RIOS, RUBIELA	NAME			
STREET ADDRESS	16100 COLLINS AVE STE 104	STREET ADDRESS			
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP			
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	VARGAS, ALVARO Z	NAME			
STREET ADDRESS	16100 COLLINS AVE STE 104	STREET ADDRESS			
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 807, 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: 		05-08-06 1505 9614 9711			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			