# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 14, 2005**
**Secretary of State**

DOCUMENT# P02000047193

**Entity Name:** POSH SALON & SPA, INC.

**Current Principal Place of Business:**

2240 N. CONGRESS AVE
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

731-8 NE 12TH TERRACE
BOYNTON BEACH, FL 33435

**New Mailing Address:**

2240 N. CONGRESS AVE.
BOYNTON BEACH, FL 33426

**FEI Number: 04-3661329** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LABAR, ROBERT D
2240 N CONGRESS AVE
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: LABAR, TIFFANY L
Address: 2240 N CONGRESS AVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V ( ) Delete
Name: LABAR, ROBERT D
Address: 2240 N CONGRESS AVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S ( ) Delete
Name: SHEPHERD, PATRICK
Address: 2240 S CONGRESS AVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T ( ) Delete
Name: SHEPHERD, CAROL
Address: 2240 N CONGRESS AVE
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIFFANY LABAR P 02/14/2005
Electronic Signature of Signing Officer or Director Date