


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90196 024 \*\*\*150.00

<b>DOCUMENT # P02000061542</b> 1. Entity Name ETERNITY COSMETOLOGY SCHOOL CORP.					
Principal Place of Business 4698 FOREST HILL BLVD. WEST PALM BEACH, FL 33415			Mailing Address 1800 W. 49 ST #201 HIALEAH, FL 33012		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>4698 Forest Hill Blvd</i> Suite, Apt. #, etc.			
City & State City: <i>West Palm Beach, FL</i>		4. FEI Number 01-0706425			
Zip 33415		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEBALLO, MIRENIA 4698 FOREST HILL BLVD. WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEBALLO, MIRENIA 4698 FOREST HILL BLVD. WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALVAREZ, MARISELA S 4698 FOREST HILL BLVD. WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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.					
<b>SIGNATURE:</b> <i>Mirenia Ceballo Mirenia Ceballo, PD. 4/15/06 (561)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40082677



04282006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

8.75 Additional Fee Required

FL Zip Code

☐ Change ☐ Addition

☐ Change ☐ Addition

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Date: Daytime Phone: 963-5551