2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000068230

1. Entity Name
SANEL SALON, INC.

Principal Place of Business	Mailing Address
4326 SW 147 PLACE MIAMI, FL 33185	4326 SW 147 PLACE MIAMI, FL 33185

DO NOT WRITE IN THIS SPACE

04012006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
43-1965198		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMONI, ELVIRA
4326 SW 147 PLACE
MIAMI, FL 33185

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME	VELOZ, SANDRA
STREET ADDRESS	4326 SW 147 PLACE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	DSV
NAME	SIMONI, ELVIRA
STREET ADDRESS	8414 SW 163 PLACE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	T
NAME	VELOZ, SOVEIDA
STREET ADDRESS	15936 SW 81 TERR.
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80007-007 150.00

DO NOT WRITE IN THIS SPACE

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 _Uhuujiuuur_   4-10-06   X (305) 3089599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #