

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**- Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000100030	
1. Entity Name CONALEX HAIR SALON INC.	
Principal Place of Business 3940 METRO PKWY FT MYERS, FL 33916	Mailing Address 3940 METRO PKWY FT MYERS, FL 33916



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0797004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALCARRAZ, SIXTO A
3940 METRO PKWY
FT MYERS, FL 33916**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ALCARRAZ, CONSUELO**
STREET ADDRESS **608 GERALD AVE #213**
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

TITLE **D**
NAME **ALCARRAZ, SIXTO A**
STREET ADDRESS **608 GERALD AVE #213**
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000339497
04/28/05-80080-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 239 939 0021
Date Daytime Phone If