

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90003 002 ***550.00

DOCUMENT # P02000100030					
1. Entity Name CONALEX HAIR SALON INC.					
Principal Place of Business 3940 METRO PKWY <i>ST. 101</i> FT MYERS, FL 33916			Mailing Address 3940 METRO PKWY <i>ST. 101</i> FT MYERS, FL 33916		
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 55-0797004	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALCARRAZ, SIXTO A <i>ST. 101</i> 3940 METRO PKWY FT MYERS, FL 33916			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME ALCARRAZ, CONSUELO		TITLE 	NAME Consuelo Alcarraz	
STREET ADDRESS 608 GERALD AVE #213	CITY-ST-ZIP LEHIGH ACRES, FL 33972		STREET ADDRESS 	CITY-ST-ZIP 4233 Bellasol Cir. Apt. 1814 Fort Myers, FL 33916	
TITLE D	NAME ALCARRAZ, SIXTO A		TITLE 	NAME ALCARRAZ, SIXTO A	
STREET ADDRESS 608 GERALD AVE #213	CITY-ST-ZIP LEHIGH ACRES, FL 33972		STREET ADDRESS 	CITY-ST-ZIP 4233 BELLASOL CIR PPT 1814 FORT MYERS, FL 33916	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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 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:			8-22-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		