## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P02000101295

**400 MANDALAY AVENUE** 

CLEARWATER, FL 33767

BOUNNAKHOM, ALLEN

**5883 DARREN COURT** CLEARWATER EL 33670

EURÓ BEAUTY SALON, INC. Principal Place of Business Mailing Address



01-22-2008 90045 031 \*\*\*150.00



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

5883 DARREN CT N

CLEARWATER, FL 33760

01132008 No Cng-P	CRZEU	E034 (11/05)		
4. FEI Number		Applied For		
32-0032123		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional Fee Required		

DO NOT WRITE

·	X1EK, 1E 33070			IN THE	S SPACE
	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registered of	office or re	gistered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	of applicable. (NOTE: Registered Ag	jent signature r	equired when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-2IP	BOUNNAKHOM, AHEN AI)RA 5883 DARREN CT N CLEARWATER, FL 33760				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THI	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby 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 of 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 air address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DID

Daytime Phone #