

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000118267



Entity Name  
**LANET HAIR BY VALENTINO, INC.**

Principal Place of Business  
**3501 DEL PRADO BLVD., SUITE 312  
 CAPE CORAL, FL 33904**

Mailing Address  
**3501 DEL PRADO BLVD., SUITE 312  
 CAPE CORAL, FL 33904**



01052006 No Chg-P GR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0434274** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ARROW, PAUL L  
 3501 DEL PRADO BLVD., SUITE 312  
 CAPE CORAL, FL 33904**

**DO NOT WRITE  
 IN THIS SPACE**

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

**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**

110000397619  
 01/30/06-80058-002 150.00

**OFFICERS AND DIRECTORS**

NAME	PSTD LOSABURO, VALENTINO
ADDRESS	3300 N. KEY DR.
CITY	N. FT. MYERS, FL 33903
STATE	
ZIP	
ADDRESS	
CITY	
STATE	
ZIP	
ADDRESS	
CITY	
STATE	
ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 2399394247  
 Date Daytime Phone #