## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000017083**

1. Entity Name

G & I BEAUTY SALON, INC.



Principal Place of Business

406 NORTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435

Mailing Address

406 NORTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435

## FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90216 018 \*\*\*150.00

14007649



04092005

No Chg-P

CR2E034 (10/03)

4. FEI Number 57-1152759

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HAYDEN, LAVERN 406 N. FEDERAL HWY BOYNTON BEACH, FL 33435

## 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					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAYDEN, LAVERN 406 NORTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>-</del> -	-		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADORESS					

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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-23.06